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point and set about to transform undesirable mentality into a desirable acquired character.

When people are ill no doubt this want of balance becomes accentuated or exaggerated; it also afflicts the whole household and sometimes extends to an ever-widening circle of friends and acquaintances. The nurse must be the oil to pour upon these troubled waters, and woe to the nurse who cannot constitute herself the oil.

Success largely depends upon our striking the keynote of the minds we have to deal with. Nurses must be naturally endowed with that mental touch we call tact—to give a patient the restful feeling of being understood is no mean asset to the art of nursing. Do not underrate the influence of personality; that which constitutes one's character is due to the calibre of the mind. Mentality is not a fixed thing; we are capable of improvement and by self-discipline and education of our mental faculties become the mobile background of the various trying scenes in which our profession places us.

Cultivate a sense of humor; it will help smooth out the rough places, will help you over many of the trivial everyday annoyances, the petty things that prick and irritate until life seems not worth living at times. If we would let all the annoyances of life slide off without leaving their imprint it would be better for us. We are too apt to let them grate and grind, the friction produced causing wrinkles on our faces and wrinkles in our souls.

Some writer has said: "People are what they are because at the time they must be." Absorb this truth, it will make you wisely indulgent. Each individual has to live his own life in his own way. If the world is out of joint, according to our point of view, we need to remember it is only overwrought individuals who feel it is their mission in life to set it right. We cannot reform the world, and the whole complexion of things would be changed for us if we would cultivate more tolerance for the frailties of others. Example will do more than anything else to make people over into what they ought to be.

Let us remember: "He that is slow to anger is better than the mighty; and he that ruleth his spirit than he that taketh a city."

I. M. CARR

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REGISTRATION FOR NURSES.

Why do nurses ask for the passing of a Registration Bill?

First. For the advancement of the profession of nursing.

Second. For the protection of the public.

A young woman decides to be a nurse. She sends to a hospital training school for an application blank which she fills in and returns, also the result of a medical examination by a qualified medical doctor, and a letter from a qualified clergyman. In due time a letter comes telling her to report at the hospital at a given date for duty. After two months probation a written and practical examination is passed. Cap received. Then as a nurse in training gradually gets more responsibility, always following the hospital routine. Up every morning at six a.m., dress, breakfast. On duty at seven a.m. Receive night report, patients' breakfast, medicines, temperatures, sponge baths, bed making, dusting, arrange flowers, poultices, formulations, surgical dressings. write up clinical and temperature charts, nourishments, accompanying doctors and superintendent on their round of visits to patients. That is only an ordinary morning's work, done under the supervision of a fully qualified graduate nurse. Hospital day is duty from seven a.m. to seven p.m. Night duty seven p.m. to seven a.m. Months of duty on medical ward, some surgical ward, private wards, infectious ward, obstetrical ward, diet kitchen, pharmacy, operating theatre day duty, night duty, holidays afternoons off duty, classes, lectures, study examinations. Finally at the end of three years comes graduation, at which a diploma and medal are presented. There we have a fully qualified conscientious nurse.

Another woman wants to nurse. She goes to a doctor, says, "Doctor, you saw me take care of my friend, when she was sick." "Yes, you took good care of her, gave the medicine I told you and she got better." "Well, I want to nurse and need the work, will you give me cases?" The doctor (kind-hearted man), immediately tries to oblige. Is such a person conscientious? She is selling to the public something she has not got, seldom at a cheaper and often at a higher rate than a trained nurse.

Another young woman wishes to teach. She goes to the superintendent of education. "I love teaching children and would like a school?" "What certificate have you?" None, I didn't bother to take any examinations or go to normal school, I can read, write and do arithmetic." "Sorry, but our children must be taught by those properly trained for teachers. If you wish to teach you must take the necessary examinations, and normal training before the law will allow you to have a school."

We next have the young man who has been long enough in a dentist's office to know how to pull a tooth. How many of us would trust him with the care of our teeth? Or how long would the Dental Association allow such a person to practice. We are protected by law from fraudulent dentists.

Another young man wishes to be a veterinary surgeon. He reads books on the subject. Then goes to a ranch and asks to treat some sick cattle. We hear the rancher answer promptly: "My cattle are too valuable to be entrusted to the care of any except college trained British Columbia passed

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veterinary surgeons." The same rancher probably employs untrained nurses for his wife and children.

Just a few words about sending to the old country for untrained or partly trained nurses for our country districts. It is absolutely unnecessary to do so, as the Victoria Order of District Nurses, with headquarters at Ottawa would supply every part of Canada with trained nurses for the asking.

Some one dear to us is taken seriously ill. We can with confidence call in any one who puts M. D. to his or her name. It is well known that the medical association has weeded out all the quacks, and allows only fully qualified provincially passed M. D.'s to practice.

We engage an untrained nurse at fifteen a week. She takes no responsibility, can not give treatment, or do surgical dressings. The doctor makes extra visits on that account. A trained nurse takes responsibility, can give treatment, and do surgical dressing especially. We lost by employing the untrained nurse.

At the present time the graduate nurses are trying to have a registration bill passed, and the public asks "Why?" Because we want to be put on the same footing and given the same protection every other profession has.

In what way will it advance the profession or nursing?

First, if the law requires a higher standard our training schools for nurses will have to train and pass only nurses of that standard.

Second. For the working together of all graduate nurses for a thorough registration, an equal examination, and, if ever necessary, the expelling of unworthy members.

Third. To receive finally from the medical association the same respect for our registration bill, that they give to their own.

ETHEL MORRISON.

LETTER TO ST. THOMAS' NURSES.

"May 28, 1900.

"My Dear Children,—You have called me your Mother-chief: it is an honor to me, and a great honor to call you my children. Always keep up the honor of this honorable profession. I thank you—may I say our Heavenly Father thanks you for what you do?

'Lift high the royal banner:

It shall not suffer loss.'

The royal banner of nursing. It should gain through everyone of you. It has gained through you immensely. The old Romans were in some respects, I think, superior to us. But they had no idea of being good to the sick and weak.

"That came in with Christianity. Christ was the author of our profession. We honor Christ when we are good nurses. We dishonor Him when we are

bad or careless nurses. We dishonor Him when we do not do our best to relieve suffering—even in the meanest creature. Kindness to sick man, woman and child came in with Christ. They used to be left on the banks of the great rivers to starve or drown themselves. Lepers were kept apart. The nation did not try to avert or cure leprosy. There have been lepers in England. Now it is a thing almost, if not quite, unknown.

“There have been great, I may say, discoveries in nursing. A very remarkable doctor, a great friend of mine, now dead, introduced new ideas about consumption, which might then be called the curse of England. His own wife was what is called ‘consumptive,’ i.e., she had tubercular disease in her lungs. He said to her: ‘Now, you have to choose; either you must spend the next six months in your room or you must garden every day.’ (They had a wretched little garden at the end of a street.) ‘You must dig, get your feet wet every day.’ She chose the latter, became the hardiest of women, and lived to be old. The change in the treatment of pneumonia—disease of the lungs—is complete. I myself saw a doctor take up a child-sufferer, which seemed as if it could hardly breathe, carry it to the window, open the window at the top, and hold it up there. The nurse positively yelled with horror. He only said: ‘When my patient can breathe but little air, I like that little good.’ The child recovered and lived to old age. Nursing is become a profession. Trained nursing no longer an object but a fact. But, oh, if home nursing could become an everyday fact here in this big city of London, the biggest in the world, in an island, the smallest inhabited island in the world.

“But here in London in feeding—a most important branch of it—if you ask a mother who has perhaps brought you a sick child to ‘look at,’ ‘What have you given it to eat?’ she answers triumphantly, ‘Oh, it has the same as we have (!)’ Yes, often including the gin. And a city where milk, and good milk, is now easier to get than in the country. For all farmers send their milk to London or the great cities. A sick child has been sent to hospital (and recovered). You ask what it had: ‘Oh, they gave it nothing—nothing.’ It is true, they gave it nothing but milk. Milk is ‘nothing.’ Milk, the most nourishing of all things. Sick men have recovered and lived upon milk.

“My soul doth magnify the Lord; and my spirit hath rejoiced in God my Saviour.’ The nineteenth century (there was a tradition) was to be the century of women. How true that legendary prophecy has been! Woman was the home drudge. Now she is the teacher. Let her not forfeit it by being the arrogant—the ‘equal with men.’ She does not forfeit it by being the helpmeet.’ Now will you let me try to thank you, though words cannot express my thankfulness for all your kind thoughts, for your beautiful book and basket of flowers, and kind wishes, all. [Sent from St. Thomas’ on her birthday by the sisters and nurses.]

“God bless you all and me, your Mother-chief, as you are good enough to call me.

“My dear children,

“FLORENCE NIGHTINGALE,

“To all our nurses.”

The Nursing Mirror.

fit herself to undertake the responsibility of nursing the sick? Not that we want to prevent the untrained woman from nursing; that is not our object. She must sail under her true colors. We feel that she will always have a place and an honorable one, but let her not seek to be other than she is.

2. We want our educational standards fixed so that there may be uniformity in the methods of training and in the length of time of training nurses.

Now, any hospital, private or otherwise, may start a training school for nurses and give the nurses just such training as they see fit, and send them forth with a certificate which may mean little or much, or practically nothing. Training schools are so often organized with no other motive than the commercial profit of the owners of the hospital. Noble professional motives have no place. Thus we have the nurse from the Correspondence School, and the nurse from the private institution, where only one class of patient is received, seeking to stand on a par with the nurse who has spent three strenuous years in a General Hospital. And the pity of it is that very often these nurses never suspect that their training is inferior till they seek recognition by some Association that accepts only nurses with high professional training of at least two years in a recognized hospital.

This state of affairs can only be remedied by Legislative Act.

3. There should be a definite standard of preliminary education required of those who would enter the nursing profession. Now every training school is a law unto itself in this regard. Would it not be to the ultimate benefit of the profession to have uniformity in this?

4. A certain minimum number of beds should be imposed upon every hospital offering training facilities to nurses.

Sir Victor Horsley, speaking in support of the British Nurses Registration Bill, said that the qualifications of a nurse should no longer be at the mercy of private individuals or private institutions. We wish to have nurses properly equipped in nursing knowledge, and we wish that to be certified by State guarantee. The late Miss Isla Stewart, speaking in support of the same Bill, said:—"Medical students must get their training in hospitals of a certain size and possessing certain educational facilities, and those hospitals must strictly conform to and carry out the general principles of education defined by the General Medical Council. The result is that there is the same system of education and much the same method in every medical school in the United Kingdom. But in the case of nurses, hospitals, however large or small, have so-called training schools, and, as there is no supervising or controlling authority in the nursing world, every hospital gives as much or as little training to nurses as best suits its own methods of working. Throughout the United Kingdom there is no accepted standard of training or even accepted method of training nurses. There is no recognized and generally adopted system of examining nurses who have finished their training, and the certificates which are issued by every hospital vary greatly. Hospital certificates may mean much or little, and their value may actually vary from time to time as different methods are introduced. This condition of affairs results in much confusion and it is almost impossible to estimate the value of any given certificate."

The Select Committee on the Registration of Nurses, appointed by the British House of Commons, agreed "that it is desirable that a Register of Nurses should be kept by a central body appointed by the State, and that, while it is not desirable to prohibit unregistered persons from nursing for gain, no person should be entitled to assume the title 'Registered Nurse' whose name is not upon the Register. This central body should be set up by Act of Parliament and its constitution defined in the Act."

5. Then, too, some means of exercising professional discipline should be established, as in other professions. Now we have no power to exclude from our ranks those who bring discredit upon the profession.

Provision will be made for nurses coming to us from other Provinces or countries. Where there is already Registration, there will, of course, be no difficulty, but those not registered at all would have to pass the prescribed examination test, or in some other way satisfy the Central Council of their standing in the profession.

The advantages to be secured from legislation and Registration are:

1. The Graduate Nurse will be accorded her true standing in her profession. No one, not possessing the proper credentials, will be allowed to style herself a trained nurse.

2. A most important advantage will be that the public will be protected from any imposition. Those wishing to employ untrained women will still have the privilege of doing so, but it will be impossible to have any misunderstanding. But when a trained nurse is wanted, the public will have the guarantee that no imposition is being practised.

3. The doctor will also have the guarantee that the nurse he employs has the necessary credentials, for she cannot possess these without passing the prescribed examination and satisfying the Central Council of her fitness to be a member of the nursing profession.

To accomplish all this we must stand together. We must take as our motto "United we Succeed." To quote again from the late Miss Isla Stewart: "There must be solidarity in our ranks. We must move steadily forward with a definite aim and towards a definite object. There must also be cohesion in our ranks, such that there is no dissatisfaction. We must push firmly, continuously, solidly and loyally towards victory, letting all minor differences of opinion as to details and side issues stand aside till the great object has been attained and we have placed our profession in its proper position.

Miss Dock says: "Stand by your professionally edited journals which are staunch in loyalty to high ideals and can do marvels in creating public opinion."

"United we Succeed" must, then, be our motto, and united we will succeed.

BELLA CROSBY.

Toronto.

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Editorial

The death occurred at Ottawa, November 6th, 1910, of Miss A. Chesley, late Lady Superintendent of St. Luke's Hospital. Deceased was born near Toronto in 1858, and came to Ottawa with her parents during her childhood. Her father was the late E. J. Chesley, of the Department of Indian Affairs, Ottawa. Miss Chesley began her career as a nurse in 1893 when she entered Johns-Hopkins Hospital, Baltimore. Graduating from that institution in 1895 and remained there for some time after as head nurse. On the opening of St. Luke's General Hospital, Ottawa, in July, 1898, she took charge as Lady Superintendent and continued in that capacity until April last, 1910, when owing to severe illness from which she never fully recovered, she was forced to sever her connection with that institution. Although very ill in the spring and early summer, she so far improved in the autumn that all began to hope to see her regain her former health and activity and her death occurring on November 6th last, was as sudden as it was unexpected. She died at the hospital she had given her nursing life for "the place she loved," surrounded by the nurses who loved and respected her. By the nursing profession in Ottawa her loss is very much felt. She was readily recognized as a leader, a woman of exceptional ability and talent, with great power of imparting knowledge. She was the first President of the Ottawa Graduate Nurses Association and in connection with several other nurses was instrumental in starting "Central Registry for Nurses" at Ottawa. But she is most missed by those who best knew her. "Her own graduates," whom she was ever ready to advise and encourage, ever interested in their sorrows and joys and ready to lend a sympathetic ear. The loss is theirs, and to-day loyal tears of appreciation flow from every eye and they will ever be thankful that the privilege was theirs to know and train under the first Superintendent of St. Luke's General Hospital.

The Alumnae Association of The Toronto General Hospital was deeply grieved to learn of the sudden death on October 24th of one of its valued members, Miss Hattie Megill.

Miss Megill had come from Mexico in September for a short holiday and was preparing to return when she was seized with a slight attack of phlebitis. She was improving and everything seemed going well, when suddenly the call came.

Miss Megill graduated in 1894 after having lost a year through repeated illnesses. She then took a position in the Children's Hospital, Ottawa, where she remained till the opening of St. Luke's, Ottawa, in which institution she was appointed head nurse in the operating room. While there

Smeeton, a graduate of Toronto General Hospital, Class '08. Miss Smeeton has been taking the course in Hospital Economics at Teachers' College. We congratulate Miss Smeeton on the award and are proud to claim her a Canadian.

THE ROYAL NURSE.

It is not generally known that, permanently attached now to the Staff of the Royal Household, is a highly-qualified nurse. This lady is Miss Fletcher, R.R.C., who was called in from the Nursing Home of Miss Ethel McCaul, R.R.C., by Sir Frederick Treves when His Majesty had to undergo his severe operation almost on the eve of the date originally appointed for the Coronation. Together with Miss Haines, summoned from the London Hospital, and now matron of the Home for Invalided Officers at Osborne House, Miss Fletcher nursed His Majesty until his recovery was completed, accompanying him on the last stage of convalescence spent on board the Royal yacht. Since then the Princess Victoria underwent an operation, and Miss Fletcher was again in attendance. Miss Fletcher has only recently been absent on a short holiday, but has returned, and will be in chief charge of the nursing arrangements. The King lately bestowed upon her the decoration of the Royal Red Cross.

Queen Alexandra's interest in all that concerns nursing is well known, and the whole profession has benefited by her constant support of the Royal National Pension Fund for Nurses. Whenever nurses are called in for duty in attendance on any members of the Royal family, the Queen is most careful to see that all regulations of their hospital or institution as to hours off duty, rest, meals, and so forth are most carefully observed. In this way the nurses are able to give their best attention to their illustrious patients, and those who have been called in to nurse at the Palace speak emphatically of the kind consideration and appreciation of their labours that the Queen invariably manifests.—London Daily Telegraph.

A WINTER HOME.

A neat pamphlet, beautifully and fittingly illustrated, containing an account of the work of the Heather Club, particularly in its care of the ten little children at the new Pavilion for children afflicted with tuberculosis, has recently come to hand. The Heather Club deserves unstinted praise for the way in which this work has been carried on, and must be justly proud of those members who so generously came forward and devoted two or three weeks to the care of these children. Now a Winter Home is wanted for these little sufferers, for it is difficult to create the proper conditions in their own homes. May this, too, soon be forthcoming for the help and encouragement of these indefatigable workers.

THE ST. JOHN'S AMBULANCE ASSOCIATION.

Subject to modification, amendment or approval by the parent association at St. John's Gate, London, England, a Canadian branch of the St. John Ambulance Association has been organized. The meetings were held at Ottawa, in the office of Dr. Montizambert, Director General of Public Health, Ottawa.

Among those attending were: Col. Jas. Mason, W. K. George, Dr. C. A. Hodgetts, Toronto, and Major Lacey-Johnston, of Montreal. Others present were; Mr. Harold Boulton, M.V.O., Honorary Commissioner of Canada, especially appointed by H. R. H. the Prince of Wales, Grand Prior of the Order of the Hospital of St. John of Jerusalem, of which the ambulance association is the working body; Dr. Montizambert, Sir Louis H. Davies, Mr. J. M. Courtney, C.M.G., Mr. James Manuel, Mr. Geo. Burn, Col. Irwin, C.M.G., J. F. Orde, K.C., and Mr. Fred Cook, Acting Secretary.

A constitution was adopted, which provides for the establishment of provincial, local and railway centres. Local centres will be subject to the central or provincial bodies, but unorganized districts will be under the jurisdiction of the central body at Ottawa. Railway centres will be self-governing and will report annually to the central council. Already the Canadian Pacific Railway has shown its interest in the work by starting a first aid branch in connection with its Angus shops, and it is now the intention of the company to extend the work over its entire system. The Grand Trunk Railway and Canadian Northern are also interested, and the Minister of Railways has undertaken to interest the Intercolonial.

Officers of the central council were elected as follows: Patron, the Governor-General; Patroness, Lady Grey; Vice-Patrons, the Lieutenant-Governors of the Provinces and the Commissioner of the Yukon; Hon. President, Rt. Hon. Sir Wilfrid Laurier; President of the Council, Dr. Montizambert, Director-General of Public Health; Vice-Presidents, Messrs. W. K. George, Toronto, and Geo. E. Drummond, Montreal; Hon. Treasurer, Mr. Geo. Burn, General Manager of the Bank of Ottawa.

The next annual meeting will be held in Ottawa in February, 1911. It is hoped in the near future to establish a factory in Ottawa for the production of the supplies needed.

The beautifully artistic Florence Nightingale Calendar, published by the G. N. A. O., was much appreciated by the nurses. Only a few of them are left. Write to Mrs. Mill-Pellatt, 7 Wells St., Toronto, and secure one. You will be glad to preserve the photograph.

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The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec. Miss E. Ross Greene, 418 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rogers; Cor. Sec., Miss Isaacs, Baldwin St.

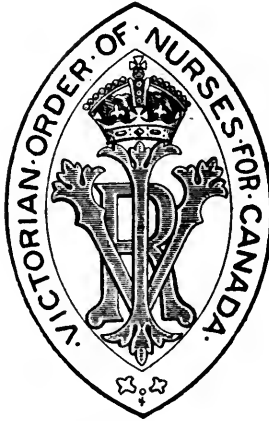
The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.



VICTORIAN ORDER OF NURSES, OTTAWA.

In the Royal Charter of the Victorian Order of Nurses for Canada, one of the objects set forth is "To supply nurses thoroughly trained in Hospital and District Nursing, and subject to one central authority, for the nursing of the sick who are unable to obtain trained nursing in their own homes both in town and country districts.

The Central Authority mentioned is the Board of Governors. This is a body corporate and politic and is constituted as follows: His Excellency, the Governor-General, as Patron of the Order, shall appoint five members; the Board of Management of each Local Association having an annual income of at least five hundred dollars, shall appoint one member, and an additional member for every additional one thousand dollars of annual income; the Canadian Medical Association shall appoint two members, and each Provincial Medical Association shall appoint one member. That is a very representative body, and it is the idea of this Central Authority which binds together all the Associations of the Dominion. There is no division, no East or West, to the Victorian Order. The Dominion, the field of the Order's activities, is one united whole. The Order is one united body, bound together by a lively, loving interest in each and every matter, affecting any of its branches. The nurses, once admitted by the Board of Governors to the ranks of the Victorian Order, become from that time on members of the Order, and, as such, are bound together by another tie, the tie of ordership, added to the tie, which binds all graduate nurses together. Thus there is a bond of sympathy, of good fellowship, running through the nurses of the Order, like a golden thread, accomplishing what is so desired, so longed for nowadays—unity and harmony. To the nurses of the Order belongs the sacred duty of keeping that thread unbroken and thus preserving intact the beauty, strength, and harmony of their national district nursing organization.

The Executive of the G. N. A. O. met at The Residence, Hospital for Sick Children, on Tuesday evening, November 22nd; eight members present. After the disposal of routine business and the reception of three new members, the Convener of the legislation Committee was asked to give her report. The Committee had had a proposed Bill drafted, and recommended that we go forward to try to obtain legislation at the next session of the Provincial Legislature and that a general meeting of the Association be called to decide the question. The President was asked to visit as many of the Associations of Graduate Nurses in the Province as possible before the general meeting.

The President reported her visit to London, meeting the nurses of Victoria Hospital, St. Joseph's Hospital and the Hospital for the Insane; to St. Thomas, Woodstock and Stratford. The nurses are all interested in registration and are anxious to have steps taken to secure it.

The draft of the proposed Bill was read, but discussion was deferred till the general meeting.

The committee held the usual monthly meeting in their room in the Lindsay Building. Sixteen nurses were proposed for membership, two out of this number are fortunate enough to be able to put R. N. after their names.

The second lecture of the season was given in the Medico-Chirurgical rooms by Dr. Little. His subject was obstetrics, and he dealt with his treatment for eclampsia, breast treatment, hemorrhage, etc. We hope to be able to give the readers of the Nurses' Journal the privilege of reading the whole lecture at a latter date.

There was a large number of nurses present who thoroughly enjoyed the lecture. As usual coffee and cake were served before the meeting closed.

Quite a number of nurses attended the lecture given by Prof. Whitney, of Philadelphia, on defective school children. He came to Montreal to lecture to the Local Council of Women. The lecture was much enjoyed by all who were able to attend.

Mrs. Sherman, who has been ill in the Western General for the past month, is convalescent.

Mrs. Trail's many friends are sending congratulations to her on the birth of a daughter. She is now living in Prince Albert, Sask.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers of the Alumnae Association of the Hospital for Sick Children Training School for Nurses, Toronto:

Hon. President—Miss Brent.

President—Miss Lina Rogers, 33 Major St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 664 Ontario St.

Corresponding Secretary—Miss B. Goodall, 666 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Macpherson Ave.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee—Miss Ewing, 569 Bathurst St.

Convener of Sick Visiting Committee—Miss G. Gowans, 5 Dupont St.

Press Representative—Mrs. H. E. Clutterbuck, 148 Grace St.

Canadian Nurse—Miss M. Barnard, 608 Church St.

Invalid Cooking—Miss Mary Gray, 505 Sherbourne St.

Central Registry—Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publicity Committee—Miss Bell.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President—Miss I. M. Carr, Asylum, Hamilton.

Vice-President—Miss Lucina M. Watson, 87 Victoria Ave. E.

Secretary—Miss E. D. Street, 200 Hughson St. N.

Treasurer—Miss Lewella Hannah, City Hospital.

Corresponding Secretary—Mrs. Margaret Reynolds, 87 Victoria Ave. S.

Executive Committee—Miss Kate Dressel, 52 Charlton Ave. E.; Miss Margaret Walker, 200 Hughson St. N.; Miss Hallie M. Coleman, James St. S.; Miss Annie P. Kerr, West Avenue N.; Miss E. F. Deyman, 87 Victoria Ave. S.

OFFICERS OF THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.

First Vice-President—Miss Ellis.

Second Vice-President—Mrs. H. Richie.

Corresponding Secretary—Mrs. Aubin.

Recording Secretary—Miss Janet Neilson.

Treasurer—Mrs. Pellatt, 7 Wells St.

Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Committees:

Sick Visiting—Miss Brereton.

Registration—Miss Bella Crosby.

Programme—Miss M. E. Christie.

Social and Lookout—Miss Kilgour.

Press and Publication—Miss Julia Stewart.

Central Registry—Miss Kate Snodgrass, Miss H. B. Fralick.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Rd.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Power, 9 Pembroke St.

First Vice-President—Miss O'Connor, St. Michael's Hospital.

Second Vice-President—Miss Ryan, 491 Broadview Ave.

Secretary—Miss O'Meara, 9 Pembroke St.

Treasurer—Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Sec.-Treas. Sick Benefit Fund—Miss O'Connor

Representatives on Central Registry Committee—Miss Greene and Miss Kimmett, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

HOSPITALS AND NURSES

Miss McLeod, V.O.N., has been appointed Superintendent of the Rosamond Memorial Hospital, Almonte, Ont.

Miss Steeves, V.O.N., is in charge of the Queen Victoria Hospital, Swan River, Man.

Miss Kier has left for Winnipeg, and is to be on the Victorian Order District Nursing staff there.

Miss M. Macdonald, V.O.N., is in charge of the Yarmouth District.

Miss Helen Boyle, '10, has secured a position in Hubbard Memorial Hospital, Bad Axe, Mich., and Miss Rose Hargitt, of the same class in a hospital, Ithaca, New York.

Miss Alice Harrison, class '10, St. Joseph's, London, who has been ill since her graduation in June, is now able to begin her duties. London is to be her field of labor.

Of the class of 1910, St. Joseph's, London, Miss Alice Harrison, Miss Sophia Flynn, Miss Verda Fotheringham, Miss Melisse Otto, and Miss Lottie Kenny, have decided to remain in the city, where they have every prospect of being successfully employed.

Miss Gertrude Connor, 509, and Miss Katie James, '10, St. Joseph's, London, have chosen Flint, Mich., for their field of labor.

Miss Irene Simpson, '09, is home on a visit to her parents. She has been very successful in Pontiac, Mich.

Mrs. Orr (nee Halbhans) is spending some weeks in England and on the Continent.

A committee of nurses has been formed in Calcutta to organize an all India Nurses' Memorial to Miss Florence Nightingale.—British Journal of Nursing.

Miss Hatch, graduate Toronto General Hospital, has been appointed to the staff of School Nurses. This gives the Superintendent of School Nurses a staff of three.

Miss Trout, Lady Superintendent Royal Alexandra Hospital, Fergus, is convalescing after an operation for appendicitis.

Miss Richmond, late of the General Memorial Hospital, New York, has been appointed Superintendent of Nurses at the Roosevelt Hospital, New York.

The Indiana State Medical Society has asked the Indiana State Nurses Association to co-operate with them along the lines of education and legislation on the work of preventable blindness, and also in the work of securing medical inspection of schools. (American Journal of Nursing). This is surely the ideal way of dealing with these problems which are of deep interest to both professions. May others follow this good example!

Miss M. A. Ellison, who has frequently written for "The Canadian Nurse," called at the Editorial Office. She is on her way back to London, England, after a lengthened sojourn on this continent, during which time she has visited a great many hospitals and gleaned much information about the nursing profession. Miss Ellison represents the Nursing Mirror, of London, England.

On the evening of June 8th, the new St. Peter's hall, London, Ont., was crowded to witness the graduation exercises of, and the presentation of diplomas and medals, to ten young ladies of St. Joseph's Hospital Training School for Nurses.

The graduates were as follows: Miss Sophia Flynn, Miss Tena Breen, Miss Verda Fotheringham, Miss Alice Harrison, Miss Lottie Kenny, of London, Ont.; Miss Helen Boyle, Miss Helen Howitt, Guelph, Ont.; Miss Katie James, Rodney, Ont.; Miss Melissa Otto, New Hamburg, Ont.; Miss Rose Hargitt, Goderich, Ont.

They were seated on the stage which was beautifully and artistically decorated for the occasion, while the speakers of the evening and a number of reverend clergymen, were on an especially erected platform in the pit of the auditorium.

Rev. Father Aylward, Rector of St. Peter's Cathedral, the chairman, in his opening address, congratulated the young ladies on their success, and spoke to them in words of advice, now that they had launched out on their career.

Miss Sophia Flynn was the valedictorian and her clever rendition of the essay brought forth an appreciative applause from the large audience. Miss Flynn spoke with much regret on the death of Dr. John D. Wilson. He was a firm friend of the nurses, she said.

Dr. W. J. Tillman, on behalf of the doctor, addressed the graduates, giving them some good sound advice, to guide them in their future work.

Major Beattie and Senator Coffee were the other speakers of the evening. The diplomas were conferred by Rev. Father Aylward, while Major Beattie presented the medals.

This was followed by the bestowal of the flowers of the many friends of the young ladies by ten little girls. They entered, loaded down with flowers and singing, "We have come from Flowerland." Four times did the little girls have to make trips with their arms filled with flowers, and when after the last time, they seated themselves, one at the feet of each graduate, the scene was indeed a very beautiful one, and quite the most attractive feature, winning the enthusiastic plaudits of the audience.

At the end of a very pleasing and well rendered programme, the graduates and their immediate friends adjourned to the hospital, where a dainty luncheon was served.

Mrs. Tighe (Miss Alice Flynn), class '05, St. Joseph's Hospital, London, has passed through a very severe illness of three months' duration. Her many friends will be pleased to learn she is recovering and will leave the hospital in a short time.

"The Nurses Journal of the Pacific Coast" for November is a beautiful Florence Nightingale Memorial Number. It bears witness to the appreciation of the nurses of California of the foundress of nursing whose memory they have thus honored.

A Good Nurse

follows the doctor's directions, but when his visits cease, patients depend upon the judgment of the nurse to suggest aids to convalescence.

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Miss M. S. Rundle, the "Isla Stewart Scholar," from St. Bartholomew's Hospital, London, England, at Teachers' College, Columbia University, New York, has received the unexpected honor of the award of a scholarship of \$100. The news that this had been conferred upon her was communicated to Miss Rundle by the Dean of the College. It is part of a scholarship of \$250 endowed by Mrs. Helen Hartley Jenkins for the coming year, in memory of Mrs. Hampton Robb, and has been divided between an American student and Miss Rundle. It is an honor indeed to hold scholarships endowed in memory of our two noble and revered leaders on both sides of the Atlantic.—British Journal of Nursing.

At Swan River, far north in Manitoba, the V. O. planted in 1904, one of their Cottage Hospitals. Capacity eleven beds. At our first graduating exercises we were fortunate to have with us Miss Mackenzie, Chief Lady Superintendent, who was making her tour of inspection through the West. After the chairman's address, the Florence Nightingale pledge was administered to the graduate, Miss Downey, by one of our pastors. Miss Mackenzie presented the diploma and a wee maiden presented a bouquet. Miss Offord, Superintendent of the hospital, then made a few remarks bearing on the helpfulness of the Directors and the Ladies' Hospital Aid. Miss Mackenzie gave us, in her clear, concise way, a very interesting address, touching chiefly on the many forms of work now open to the graduate nurse. Dr. Edwin Bruce spoke to us of the arduous duties of the nurse and her helpfulness to the medical profession. The programme was interspersed with music and at its close dainty refreshments were served.

The Nurse's Residence of the G. & M. Hospital, St. Catharines, which has been remodelled and considerably enlarged was opened on Wednesday afternoon.

From 4 to 6 o'clock the building upon which great improvements have been made, was thrown open for the inspection of the public, and everyone who visited the various apartments were loud in their praise of the improvements which have been made for the comfort of the nursing staff.

The Ladies' Aid Society, under the direction of Mesdames J. G. Moore, H. E. McSloy, R. G. W. Connolly, and W. J. Robertson, received the visitors and served light refreshments in the dining room.

The Trustees were represented by President Robert McLaren, Secretary J. B. McIntyre and Treasurer John Marshall, and Messrs. H. E. McSloy, M. Y. Keating and J. G. Moore. All the members of the nursing staff were present.

Mrs. Robert Mills will, after the funds of the Ladies' Aid are exhausted, complete the furnishing of the Nurses' Residence. David Mills, Esq., of New York, sent a cheque for \$1,000 for the new hospital. He sent a cheque for a similar amount before.

Miss Bruce is nursing a case of typhoid at the G. & M. Hospital, St. Catharines.

Misses Gilmour and McDongal are doing private nursing in New York.

Miss Emma Roberts, of Stratford, has gone to New York to take a post-graduate course.

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Miss L. L. Rogers, R. N., Superintendent of School Nurses, Toronto, gave an interesting address in the students' lecture room of Victoria Hospital on the evening of November 11th, on medical inspection among the school children. A large number of nurses and the members of the Board of Health, Board of Education and Hospital Trust were present. Miss Rogers came to London at the special invitation of Miss Stanley, Lady Superintendent of Victoria Hospital, for the benefit of the Board of Education, who are considering the institution of medical inspection in the local schools.

Miss Rogers stated that it began in 1842 in Paris, France. "The first city in America to adopt it was Boston, which inaugurated the system of daily inspection in 1894. The idea was taken up by Chicago in 1895, and when an epidemic of measles and scarlet fever broke out in New York in 1896, the Department of Health of that city assigned inspectors to investigate the conditions of the schools. The result of the inquiry showed that a number were ill with contagious diseases contracted in the class rooms, where overcrowding, bad air, etc., favored infection.

"In 1897, New York appointed 150 inspectors at \$30 per month. At that time their duty was to examine all children sent by the principal or teachers, but in 1902 this system was reorganized, and the doctors were requested to make a routine inspection of each class room. The result of this was a serious depletion of the rooms, and to remedy this it was suggested that a nurse be appointed to supplement the doctors' efforts.

Miss Rogers then told how this plan changed the whole system by keeping the child in the school under supervision and treatment, which proved so valuable that the city appropriated \$30,000 for a staff of nurses the following year. This led to still another revision in the system, as the nurses were requested to make a daily inspection.

"On April 25, 1910," continued Miss Rogers, "the Board of Education of Toronto appointed three nurses. Each nurse has a group of four schools, which she visits regularly. The minor contagious diseases are treated in school, if the parent cannot do so at home, and the parents are visited to urge care for those requiring medical attention. The nurse not only aids in getting the children back to normal condition, but is constantly aiming at prevention by seeing that the pupils keep their bodies clean, that the clothing is changed as often as possible, that the teeth are brushed carefully to prevent decay, that the finger nails are cut and kept clean, and that the hair is regularly washed and brushed. Advice is given to the parents as to the better methods of living, the proper food to be used, to allow fresh air and sunshine in the room, and to sleep with the window open."

In dealing with the benefits derived from this effort, Miss Rogers said: "By making better citizens of these children we diminish the number of insane asylums, have fewer jails and poor houses, and besides that, we shall have a healthier and nobler generation to look forward to."

Lantern slides, illustrating the working of the system in New York city, were shown and explained.

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Mr. W. W. Gammage, Mr. C. M. R. Graham, Mr. W. T. Strong and Inspector Edwards also spoke, the latter stating that he had been making a study of medical school inspection and favored the system outlined by Miss Rogers.

The Board of Education have taken steps to have a nurse appointed for the schools of London.

The Winnipeg Free Press says: The resignation of Miss Whittome, Superintendent of the Dynevor Indian Hospital, which has been pending since last spring, has been accepted. In looking for a successor the board has offered the position to Miss Anna A. Hawley, of the Indian Mission, Fort-a-la-Corne, Saskatchewan. Miss Hawley is a graduate of the class '04 of the City Hospital Training School, Worcester, Mass. After graduation she occupied the position of Night Superintendent and later Assistant Superintendent of Nurses at the Memorial Hospital, in the same city. A Canadian by birth, Miss Hawley returned to Canada and took a post-graduate course in district nursing with the Victorian Order, Ottawa. Last year Miss Hawley took up mission work amongst the Cree Indians and has been eminently successful in her chosen line, and it is considered that the board will be fortunate if it secures her services.

Miss Hawley has decided to remain on James Smith's Reserve, Fort-a-la-Corne, at the request of the Department of Indian Affairs, which has shown its appreciation of her services in a practical manner.

A new building, costing \$30,000, is being added to the General and Marine Hospital, Owen Sound. The institution will be thoroughly equipped with all modern appliances, large operating room, with tiled walls and floor, sterilizing room, etc., and will when finished accommodate seventy-five patients.

The regular meeting of The Alumnae Association of Toronto General Hospital Training School for Nurses, was held in the Lecture Room of the Nurses' Residence on Friday afternoon, December 2nd. After the disposal of routine business, Miss Neilson introduced the following resolution which was passed unanimously: "That an expression of sympathy be sent to Miss Dickson, Lady Superintendent of the Hospital for Consumptives at Weston, and her nurses in their present straits, and that they be assured of our unqualified admiration of their courageous conduct on the night of December 1st. Such conduct reflects credit, not only on themselves, but on all nurses."

Mrs. Cummings then gave a most interesting and instructive address on Government Annuities. The nurses much appreciated Mrs. Cummings' lucid explanation of this scheme, which is instituted for the benefit of the wage-earner. To understand a scheme of this kind is to become interested in it and the nurses are apt to do as the speaker asked—help to spread the knowledge of this plan which makes independence possible for all.

Lethbridge should be proud of her new thirty-seven roomed solid brick and stone hospital, which is absolutely fireproof, and those who have not already inspected the new Galt hospital should without fail do so to-morrow between the hours of two and six o'clock when the building will be open to the public for inspection.

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The Boston Children's Hospital has established a Social Service Department under the direction of one of its graduates. The work includes both hospital and out-patient department cases.

The Superintendent, Miss M. McDermid, or her assistant, Miss G. Lyon, are ideal hostesses and deem it a pleasure to show visitors through the many rooms and explain the various contrivances. Besides the Superintendent and Assistant Superintendent there are seven graduate nurses and six pupil nurses in connection with the hospital.

The first floor is practically given over to men's wards, private rooms, sun parlors, lavatories, bath rooms and a ward kitchen.

The electric lighting throughout the building is most attractive and the automatic buttons, especially designed for use in hospitals control the various lights, which are attached to the ceilings in clusters, they are bronze with square Colonial frosted shades. Each ward is also fitted with an enamel medicine case and large bedside screens, the latter are used to completely surround a bed where the patient is very ill.

At either side of the main entrance and across the front of the building are sun parlors, and more cheerful rooms could not be imagined. Extra large single doors open from the wards into the sun rooms and when a patient is recovering and so desires his bed can easily be wheeled into the sun room. Arm chairs, rockers, and a reading and writing table complete the furnishings of these rooms and in one convalescent patients will be permitted to smoke.

On both the first and second floor are serving rooms or ward kitchens, which really must be visited to be fully appreciated.

On the second floor besides the women's ward, which is directly over the north ward on the first floor and which is its duplicate, is a large sun parlor across the front of the building, here the furnishings are wicker and lounging chairs, couches and rockers, invite one to rest awhile. There are also large linen closets, bathrooms, lavatories, three private bed rooms, a serving kitchen and the operating department, which takes up the entire north corner of the building.

One of the private rooms has been furnished by Mr. Naismith, vice-chairman of the hospital board, and one by Dr. Galbraith.

The operating department is worthy of a hospital four times the size of Galt hospital, here the very newest utensils, instruments and contrivances may be found. This department is shut off from the main corridor by massive double oak doors. The floor of the operating and preparatory rooms are white tiling and the corners are marble. The department is composed of an anesthetic room, preparation room, sterilizing room, which is fitted with basins operated with foot pedals, a flush tank, a utensil sterilizer, and the main sterilizer, the finest that could be procured and the gift of Dr. Newburn. The operating room where of course the operating table takes up the major part of the space is exceedingly well lighted, and is wired with special electric contrivances for night operations. A large glass dust screen protects the table from any dust which might come from the radiators. Off the operating room is the surgical dressing and supply room.

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The basement is completed with three large rooms which will be used for wards and attendants rooms, also a large store room and the furnace room, where there are four furnaces, two small ones for heating hot water and for the sterilizer and two large ones for heating the building. A locker room with twenty-seven screened compartments where patients clothing is placed and fumigated.

The linen for the new hospital has been donated by the Ladies' Aid. Other donations are an eight-piece toilet set from Kirkham Bros, \$10.00 from Mr. J. Furman, and the A. R. & I. have donated to the hospital all the coal that formed the base of the Laurier Arch.

A meeting of the Florence Nightingale Association was held at the Residence of the Sick Children's Hospital, Thursday evening, October 27th. There was a large attendance of nurses present. After the usual business of the Society had been transacted Miss Kennedy, the President, spoke eloquently and feelingly of the death of the late Florence Nightingale. The next meeting will take place early in January, and each member present was asked to bring in two new members, and it was decided the meeting would be of a social nature.

A meeting of the Alumnae Association of the London Victoria Hospital Training School for Nurses was held on the evening of October 14th, in the reception room of the Nurses' Home. Addresses were given by Dr. Seaborn, Miss Crosby, President of the Graduate Nurses' Association of Ontario, and Miss Stanley, Lady Superintendent of Victoria Hospital. Dr. Seaborn gave a most interesting address on "The Strong Man and His Debt," which we hope to send you later. Miss Crosby spoke on "Legislation for Registration of Nurses," a subject most important to all nurses whose profession is dear to them. Miss Crosby's visit was especially enjoyed by all. We trust we may have the pleasure of hearing her again very soon. Miss Stanley spoke on "Registration" also, and emphasized the necessity for this step. Miss Roche, Vice-President of the Association, voiced the appreciation of the meeting to the speakers in a hearty vote of thanks. Refreshments were served at the close and a most enjoyable social hour was spent.

It is encouraging to find that our journal is appreciated in far distant India. The following is from a letter received from a graduate of the T. G. H. who, with her husband, is doing missionary work there: "THE NURSE is much appreciated by the Canadian graduates in India, and I look forward eagerly each month to its arrival."

The social gathering of the nurses of Toronto, under the auspices of the G. N. A. O. Executive, held at the home of Miss Gray, 505 Sherbourne Street, on Friday evening, October 28th, was a delight to all present. The committee in charge was gratified that so many took advantage of this opportunity to get better acquainted with one another. The musical selections rendered by Miss

"the keynote of modern medicine is rational therapy. A remedy based upon this principle generally attains the physician's confidence and support.

Antiphlogistine from its inception was intended for the rational treatment of all inflammatory conditions both superficial and deep seated, and that it is exceedingly well adapted for these purposes is amply proven by the unparalleled results obtained from its proper application.

Whether it be a case of Pneumonia or a Sprain, each exhibiting an inflammatory condition to a greater or less degree, antiphlogistine, applied thick and hot, has demonstrated its worth, by the relief of pain, and the subsidence of concomitant symptoms.

Physicians who have used antiphlogistine in their practice are in no need of further evidence of its effectiveness; these remarks are intended for those who may not be familiar with its reputation as a satisfactory and ethical remedy in the treatment of all inflammatory and congestive conditions."

THE NURSES' LIBRARY

HYGIENE AND MORALITY.

Miss Dock has done well a difficult and necessary task. We are on the eve of great changes in regard to these diseases. The world went wrong somewhere in far remote ages and the fall of man occurred, and things will never be right until the slow ascent of man brings him face to face with this most deadly evil yet to be conquered, and man is finally redeemed. We need to know and we need to do about all forms of vice and disease.

Miss Dock's book has been needed this many a year, and we are glad to see it come. It will do much good. If people knew the facts about these terrible diseases, it would help much in the battle against them. Nurses should all read this book, if only to be able to protect themselves.

HYGIENE AND MORALITY. A Manual for Nurses and Others. Giving an outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. By Lavinia L. Dock. G. P. Putnam's Sons, New York and London. 1910. Price \$1.25.

Gynecology for Nurses and Gynecological Nursing. By Comyns Berkeley, M.B. London: The Scientific Press, Limited, "The Hospital" Building, 28 and 29 Southampton Street, Strand, W.C.

This volume is very complete and is a splendid handbook for any nurse. The author has lectured to nurses on this subject for twelve years, and this work was published at the request of nurses. Add it to your professional library.

Massage Movements, Including the Nauheim Exercises. The Scientific Press, Limited, 28 and 29 Southampton Street, Strand, London.

A well illustrated volume containing much practical information for masseuses and nurses. The Nauheim Exercises are employed in the Schott method of treatment for chronic heart disease. This is of interest to all nurses. Price, one shilling net.

A Manual of Nursing. By Margaret Frances Donahoe. New York and London: D. Appleton & Co.

This work, just published, is written by a nurse of wide experience, who has, in a clear, concise and interesting way, given the profession the benefit of that experience. The Manual is very complete and well illustrated. It contains twenty-eight chapters, some of which are: Observation of Symptoms; Food; Local Applications and Counter Irritants; Theory of Asepsis and Antisepsis; Bandaging; Emergencies; Nursing of Typhoid Fever. These serve to show the wide scope of the work. Nurses should get this book and soon you will count it indispensable.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, FEBRUARY, 1911

No. 2

POLIOMYELITIS.

BY ELIZABETH R. MILLER.

Graduate of the Children's Homœopathic Hospital, Philadelphia.

There are few diseases that have as pathetic sequelæ as poliomyelitis, a disease about the essentials of which physicians are still in the dark.

It is only within recent years that the disease is known to be a transmissible one, and only very recently that so much is being done to combat the paralysis following, for it is undoubtedly the early diagnosis with intelligent and early treatment that is giving such gratifying results.

Physicians in general, and pathologists in particular, alarmed at the appalling amount of cases recently recorded, particularly in Pennsylvania, are bending every effort to find the cause and prevent the spread of this truly horrible disease. A recent article in the *Journal of the American Medical Association** gives us some valuable information. The general rules for disinfection should apply to this disease, at least until more is known of its cause, for where so much suffering and disability are involved, surely one cannot be too careful.

As it is difficult to find nurses who have had experience in nursing patients ill with the disease, a recent experience might be of value. Even physicians of years of practice are having their first case, or are watching the progress of another's.

My first case in the acute stage was a patient I attended about four years ago, when it was first called a germ disease. This was a child of twenty-two months, the attack a very severe one presenting marked cerebral symptoms and a left hemiplegia. The child died, although antitoxin had been administered.

It was while nursing a case of typhoid fever in one of our mountain summer resorts, that the attending physician informed me that he had a case of poliomyelitis. He was particularly distressed as it was a very severe case, and was the child of very intimate friends of his. Too much credit cannot be given the physician in attendance for his quick diagnosis (it was his first case) and his intelligent treatment, and to the mother for her exceptionally good care of her boy.

It was after the acute stage had passed and the time had arrived when systematic treatment be given the muscles that I was transferred to the case, my duty being to give massage and electricity. One of the worst phases of the disease is the soreness of the muscles, the slightest touch causing the most excruciating pain, so it is easily seen why the child dreads any motion or manipulation, thus seriously handicapping the nurse.

Children live only in the present, the future does not concern them, so one must first win their confidence, the first few treatments must be of the simplest

kind, causing as little pain as is possible, gradually, as the confidence is gained, advancing to the more severe treatment. The child in question, a boy of twelve, had an exceptionally severe attack, with an unusual amount of soreness—the hand could not be turned or the fingers lifted without making him cry. One must remember that one is not handling a simple case of paralysis, where the patient can be rolled to any position and held in place by cushions. It was impossible to turn the boy to the side as it meant pressure on some sore spot, the arm or leg a fraction of an inch awry, will give the acutest pain.

A nurse in such a case has occasion to use every art of which she is capable. In turning the boy, an ordinary bed pillow was used, adjusted close to the side, the upper edge coming to the shoulders, the opposite side was grasped firmly at shoulder and hip, and a quick turn made so that he was flat on the pillow. Arms and legs were straightened, head turned to one side, a roll placed under the feet to relieve the pressure on the toes.

The back can then easily be rubbed and pressure on those parts relieved. In making the turn to the back, the pillow is again grasped by the edges, the patient gently pulled to the edge of the bed, then reversed, presto, he is again on his back. As soon as possible a cot was put up downstairs. He was laid on a bolster, with his father to carry him and someone to hold up the feet, the transfer was accomplished with little discomfort.

The morning treatment was given in mid-morning, a nap or at least a rest taken, dinner at 12.30 or 1 p.m., then a transfer was made to a much be-pillowed armchair, on which he was pulled to the porch, where he spent the rest of the day.

A very light supper was the rule. I read to him till treatment time, and then he was again carried upstairs, where the windows were always open.

The nurse displays not only tact, but her real ability in the manner in which she approaches the child, and thus gains or loses the confidence of the patient and family. If one has had the dentist hit a jumping nerve in an aching tooth, one can the more readily grasp the child's point of view and be duly considerate. There are two extremes to be avoided, false sympathy and harshness, one is as injurious as the other. A child cries easily and one must learn to discriminate between real and bogus pain, for they are quick to know the weak places and "work" either the nurse or parents.

This boy cried very easily, so in beginning treatment I told him not to cry, but when the sore places were reached to say "stop," quickly, and I would then pass on to the less sensitive places. It was thus I began carefully, slowly, gaining a little very day, until a more general and deeper massage was given. The same rule applies to the electricity, as it is really those first few treatments that are the arbiters of a nurse's success.

Then at first the mother sat by the bed and talked and encouraged, later, when moved downstairs, we had the evening concerts while treatment was going on, all joining in, thus diverting his mind and making the hurt less in evidence.

The parents can be of much help to the nurse for if they not only grasp the fact themselves, but help the child to grasp it, that a certain amount of hurting is necessary, but that it will be made as light as possible, they can be of inestimable value.

The massage at first should be very light, consisting mostly of stroking, gradually the deeper muscles can be manipulated, but too much cannot be said against heavy shoulder movements and twisting the muscles, as they do no good and are exceedingly painful. The patient must be encouraged to help as much as possible in the use of extensors and flexors, no amount of manipulation can take the place of motion from headquarters. Extreme and harsh methods cannot be too strongly condemned. Children are usually very amenable to reason, and the nurse who gives treatment so severe as to occasion two people to hold the child in place, is little short of brutal. One cannot handle such a patient, or give even the lightest treatment without some pain, but gradually this is reduced to a minimum, and finally entirely disappears.

I found that by making much of each little improvement, calling the mother in to see how much better the arm could be moved, or the back arched, or an erstwhile sore spot touched without pain, again in the evening telling the father of the wonderful improvement, the twist of the arm was a wonderful feat; all these were immense helps and made the child willing to do more. Then he was not allowed to be a baby, he was a man in the making, must be considerate of his mother and the nurse, was not allowed to speak disrespectfully; in other words, his infirmities were no excuse for ungentlemanly conduct. After five weeks of treatment the boy was able to stand alone, and after I had left the case I heard that he could walk, by pushing a chair in front of him, which, considering the extent of the paralysis and the extreme soreness of the muscles, is little short of wonderful.

Guard against unnecessary fatigue or hurting. Make all movements quickly and deftly. Consult the patient as to what angle is least painful. Be patient, but firm. Do not hesitate to reward or praise, likewise to entertain. These, and more, will a skillful and gentle nurse do, and success is sure, for we no longer consider the paralysis permanent.

Mild and simple calisthenics should be started as soon as possible, improvement must follow improvement, and gradually the disused muscles brought into play.

It seems like discouraging work, it requires infinite tact, unbounded patience, skill, and gentleness, with a knowledge of how to make the weary hours go by quickly; a game of checkers, of parchesi, the reading of entertaining and instructive books—avoid sensational literature as one would the plague—but what conscientious nurse, having a real love of service, would not be willing to stand the test, to help these poor afflicted children, literally, to help “to make the lame to walk.”—*The American Journal of Nursing*.

We expected to publish a report of the special meeting of the Graduate Nurses' Association of Ontario held December 30, 1910, in this number. The report is not yet ready, so it will appear in the March Number.

THE LADY STANLEY INSTITUTE "COURT OF HONOR."

My inauguration of the system here was based on the knowledge of its having been an acknowledged success in McDonald College, St. Anne de Bellevue, Que., where all pupils are under a system of self-government. Last Christmas I obtained some knowledge of their self-governing system, and later on by the kindness of Mrs. Mildrew, House Mother of the College, obtained full particulars. I became intensely interested in this system of control, not only because of its presenting a feature of progressiveness along the lines of discipline, but because of its departure from antiquated and morbid ideas regarding what constitutes discipline, especially the discipline of Training Schools for Nurses, which though not resembling that of juvenile schools to the extent of cat-tails and flogging possesses features that might better be eliminated in consideration of the fact that pupils in a Training School for Nurses, according to regulation, must be of mature years, and possessing the highest motives, and to whose honor such an appeal as this system of self-government embodies, must call forth the desired response. Therefore, after mature consideration of the pros. and cons. of establishing this system here, I ultimately decided to give it a test, notwithstanding the difficulties to its better regulating in the necessity of pupils moving from one department to another, the term of night duty, the continuous arrival of new probationers, and the departure of those graduated, at irregular intervals. However, some of these difficulties may be surmounted by a patient working out of the plan. Our Court of Honor was organized on the 14th of October last, when all the pupils were made members of the Club. An explanatory address was made, embracing the object and method of this system following which the rules and regulations of the Training School were read. After the reading of the Constitution officers were elected in accordance.

CONSTITUTION OF THE COURT OF HONOR.

1. The Court of Honor shall consist of all nurses resident in The Lady Stanley Institute.

2. The purpose of the Court of Honor shall be the loyal maintenance and observance of becoming conduct, and of the Training School rules and regulations by each individual nurse, and by the nurses as a body. To make them self-governing responsible individuals of the school, dependent upon themselves for the maintenance of all that is just, and in keeping with standard requirements. To broaden their field of interest, and cultivate their perception of the necessity of law and order that they may be governed by their own conscience and knowledge of right and wrong. To stimulate and cultivate the growth of self-reliance, self-respect, self-denial, responsibility, truth and charity as in honor bound.

3. The Court shall meet once a month, 8 p.m., first Friday in each month, to elect officers who shall constitute the Executive Committee, and Committee of Appeal, and conference. These shall hold office until their successors are chosen.

4. (a) The officers shall consist of a President—chosen from the Senior class. A Secretary—chosen by the Executive from among its members, and representatives from each corridor in the Institute—two on each floor.

(b) One Representative or Proctor, as she is called, from each floor, shall retire from office each month.

5. (a) The Executive Committee shall have general oversight of the conduct of all members.

(b) It shall deal with all reported violations of the school rules and regulations, which can be properly dealt with by the student body; and

(c) Its decision shall be final—with this protection: that every pupil shall have the right to appeal to the Court of Appeal and Conference.

6. There shall be a Court of Appeal and Conference, composed of the Superintendent of Nurses—in her absence of the Assistant Superintendent—together with the President and Secretary of the Court of Honor.

7. The members of the Executive Committee are considered to be always on vigilance duty, excepting when ill or absent. For such period when off active duty, the member concerned shall, with the concurrence of the President, appoint a substitute without herself being fully relieved of responsibility.

8. (a) The minutes of every meeting shall be kept by the Secretary and read at the following meeting, and all records shall be preserved.

(b) Only members of the Executive Committee shall be admitted to the meetings of the Executive Committee—excepting on occasion of a report being made by a non-member or by invitation of the President.

(c) All matters of business such as the making of motions and the sending of official notices shall be decided by the majority vote.

9. (a) The ex-Presidents of the Court of Honor shall be ex-officio members of the Executive Committee with full powers and privileges, and may be invited to the Executive meetings.

(b) The term of office of President shall be two months. The term of office of Representative shall be two months.

10. Upon request of the Executive Committee a joint meeting shall be held by the Court of Appeal and Conference, and the Executive Committee.

11. Amendments to the Constitution of the Court of Honor can be made by a two-thirds vote of the members present, at a meeting of the Court of Honor in general sessions. A special meeting to be called for the purpose and held after two days' notice, with a copy of the proposed amendment, which has been posted, together with a notice of the meeting.

12. Notice of the regular monthly meetings, and special meetings of the Executive shall be bulletined at least twenty-four hours in advance.

13. All reports of misconduct and violation of rules shall be made to the President, who shall instruct the Secretary to notify the guilty member to appear before the Court at a specified time.

14. Representatives of Second Floor shall each in turn act as door sentinel after 10 o'clock p.m.

15. Members and officers shall be alike liable for penalty, and may at any time be reported by any officer or member of the Club for violations of its rules.

AMENDMENTS.

16. The members shall pay a monthly fee of five cents, to be used for the purpose of providing flowers for members when ill.

17. Each member after she has become an accepted pupil of the School shall be obliged to wear the Court of Honor pin.

18. One evening each month—apart from the general meeting—shall be devoted to an entertainment for and by the members.

19. Each month there shall be added to the Lady Stanley Institute history brief sketches as occasions may afford, by members chosen for that purpose. These articles shall be preserved and placed in order by an historian and assistant historian elected from the members.

20. The Programme Committee shall consist of three elected for the term of one month, whose duties shall be the arranging of a programme for each monthly entertainment.

FORMAL CLOSING.

C. C. H.

L. S. I.

We'll do right

or

We'll know why

For we are in honor bound

My! My! My!

A "Code of Penalties" applicable to certain offences which may be dealt with by the student body, is in process of formation.

Though this method is yet in its infancy, the effect so far has been productive of calm and order. The pupils seem to have taken on an attitude and bearing indicative of pride in being controllers of their own actions, and considered worthy of living up to the standard required of them. This attitude seems to lend dignity to the entire situation. The relationship between the Executives of the School and the pupils, under these conditions, must necessarily be one of good-will, harmony and confidence, and therefore the eliminating of many discords and waste of nervous energy. We all of us who have been pupils of a Training School must appreciate what this means as compared with the form of discipline prevalent in Training Schools the world over, which admits of conditions that are mostly the outcome of vanity, and of self-satisfaction on the part of the one in authority, and sleepless nights of weeping on the part of the pupil.

The few exceptions which call for strenuous discipline are not worth the sacrifice involved; the cheer and confidence necessary to the development and fostering of the higher principals innate in human nature. Much has been lost and crushed which might under the proper stimulus have developed into worthy examples. The discipline of the Training Schools of to-day as those of the past has a reputation all its own, which reaches far and wide the universe over, and such that many worthy women rather than submit to it, deny themselves the coveted course in training. It is not to be supposed that a woman capable of the responsibilities which necessarily devolve upon her in the care of the sick should submit to discipline which might be applicable to a child. The fundamental principle then of this method of self-government is that the pupil is put on her honor, and governed by her conscience which must naturally develop to higher ideals under the stimulus of confidence imposed in her standard of justice. Civilized laws make civilized people, for it is thus that their standard is attained. Let us individually pledge ourselves to the promotion of all that

is conducive of happiness, good-will and cheer in this busy sphere, where noble woman works physically and mentally far beyond what should be demanded of her brother.

MARY A. CATTON.

Lady Stanley Institute Training School, County of Carleton General Protestant Hospital.

ROYAL COLUMBIAN HOSPITAL, NEW WESTMINSTER, B. C.

This institution has been in existence in the city of New Westminster since 1862. The first building had accommodation for about thirty persons. The only gentleman who was a member of the original Board, living to-day in New Westminster, is Mr. W. J. Armstrong, ex-M.P.P. for the city. New Westminster increasing in population, as a natural sequence, the old building outlived its usefulness, owing to age, and a new building was erected on the present site in Sapperton in 1889. This building, which is of wood, cost something over \$25,000, and has been added to considerably. In 1901 and 1902 it was amalgamated with the Women's Hospital, and the building has done, and is doing, a lot of very good work, but the present Board feel that it is necessary to commence construction at once on an up-to-date brick and stone building, capable of furnishing accommodation for at least one hundred and fifty patients.

Plans and specifications have been prepared by the architects, Messrs. Birds & Blackmore, of Vancouver, who were awarded first prize for their plans by Mr. F. M. Rattenbury, of Victoria.

The Building Committee of the Board have had several meetings, to which they have called in consultation the medical staff attending the Hospital, as well as the Lady Superintendent; and the Board feel that they will, when the building is completed, have an up-to-date hospital in every particular, capable of accommodating one hundred and sixty patients, but to pay for this modern structure it will be necessary to raise \$200,000. The city of New Westminster is to contribute \$30,000 and the Provincial Government have kindly promised \$20,000; \$50,000 has been promised by friends of the institution who are not residents of the city, so it will now be necessary to raise \$100,000 from those who are charitably inclined to complete the construction of the new hospital, and a further \$25,000 will be needed for furnishings.

We feel sure that the residents of the city, as well as the district, will come to the assistance of the Board of Managers, so as to enable them to complete the construction of the new building, which is so sadly needed, owing to the population of the city, as well as the district, increasing by leaps and bounds.

It will be noticed, by referring to our cash statement for the nine months ending March 31st last, that the management have kept well within their income, consistent with efficiency, as far as they could do so, and in the old wooden building which has now outlived its usefulness.

The site is a splendid one, very commanding, with a beautiful view, healthy and sanitary in every respect. We have seven and a half acres of ground, all in splendid condition.

We have at present a very efficient staff of nurses and a competent medical staff. We have a training school for nurses, and the nurses who have graduated since 1901 are all occupying very prominent positions in the different hospitals of the Province.

The Royal Columbian is governed by a special Act of Incorporation, passed by the Provincial Government in 1901, and the persons appointed from time to time as members of the Board of Management are a body politic and corporate. The Board of Management consists of twelve persons, four to be appointed by the Lieutenant-Governor-in-Council, four to be appointed by the City Council of New Westminster, and four to be appointed by the Women's Council of New Westminster. Two members are appointed for two years and two members for one year. Retiring members of the Board are eligible for reappointment. The Reeves, for the time being, of municipalities lying wholly, or in part, adjacent to New Westminster, shall be ex-officio honorary members of such Board.

The Local Council of Women have given great assistance to the management, as well as the Women's Auxiliary of the Hospital, who furnished the new maternity cottage, which was built three years ago. We have also a Red Cross Society for young girls, who have already collected sufficient to furnish a children's ward in the new hospital and have undertaken to collect for the purpose of maintaining a certain number of children in this ward.

The staff in 1901 consisted of a House Surgeon, a Lady Superintendent, a Head Nurse and four pupil nurses. The daily number of patients was about fifteen. During the fall of 1902 the number of nurses in training increased from four to ten.

In 1904 the Board of Management decided to do without a House Surgeon. They appointed a graduate nurse to take charge of the operating room, and it was found necessary to again increase the number of pupil nurses.

In 1908 a new maternity cottage was built, with accommodations for twenty patients. It is well furnished and up-to-date in every respect.

Two years ago the Nurses' Home was opened, providing every comfort for the nurses in training.

During 1908 three isolation cottages were built. These five buildings cost over \$30,000.

The staff at present consists of: Lady Superintendent, Head Nurse, Surgical Nurse, Maternity Nurse, twenty-two nurses in training, with the usual help for kitchen and laundry purposes.

At the present time the B. C. Electric Railway give a twenty-minute service to the hospital, but before the new building is completed a fifteen-minute service is promised.

HOSPITAL STAFF.—The Board wishes to report their entire satisfaction with the management of the institution by Miss Martin, Lady Superintendent, efficiently and economically, as far as circumstances would permit, as well as the nursing staff, who assisted the Lady Superintendent in the discharge of her duties.

MEDICAL STAFF.—The Board wish to thank the members of the medical staff for the advice and assistance in the preparation of the plans for the new hospital, as well as for the lectures given to the nurses during the year just ended.

The following extract is taken from the Grand Jury's presentment regarding the condition of the public institutions in the city of New Westminster. This is what they say with regard to the Royal Columbian Hospital:

“Royal Columbian Hospital.—This institution is in very capable hands; the building, however, is entirely inadequate. The Jury finds that owing to the

lack of accommodation undesirable cases come in touch with others in a way that should not exist. We would also recommend that children should be separated from adult patients.

"We were sorry to have an expression from your Lordship to the effect that the recommendation of Grand Juries usually found their way to a pigeon hole. We would humbly beg that your Lordship will use his influence to keep this presentment from meeting a like fate."—From Annual Report 1909-1910.

THE CALENDAR

The Legislative Committee of the G. N. A. O., feeling the necessity of some missionary work being done in the Province before the Nurses' Registration Bill is again introduced in the Legislature, and as in this practical world of ours money is one of the first requisites in any work, suggested that a calendar and a post-card with picture of Florence Nightingale be issued, the former to sell at twenty-five cents and the latter at five cents. This was done and the results have been most gratifying. At first there was some difficulty with the publishers and the nurses in charge of the work were driven nearly frantic with telephone calls as to "why that calendar had not arrived yet." However, they finally did arrive and they were so artistic in their sepia tones that our friends all combined to make life more happy for us by telling us how pleased they were with them.

"Kit," in the "Mail and Empire," put in a little plea for her readers "to help the girls who help us when we are down and out." We thanked her for this, explained our mission and sent her a calendar. She responded with a long paragraph which made us all devoted admirers of her and her column. There were many responses to her appeal from both men and women all over the country. A man who read it, middle-aged and quite threadbare, called to get a "Florence Nightingale calendar to send to his niece, a graduate nurse in the States." One young lady called and got one. Next day her mother came for nine more. One letter from a little girl asked for a calendar to send to her mother who was a trained nurse and who she knew would like to have the picture of Florence Nightingale. An Englishman wanted a picture of the woman "who had been so kind and done so much for the soldiers of my country."

And so the letters poured in, some touching and some most matter of fact; some with postage and more without. How we learned to appreciate the postage, as every cent counts in our fund.

We had to give a second rush order for five hundred and they are nearly gone. Although even yet in the middle of January hardly a day passes without an order coming in for one or more. The post-cards are also going well and to help this we are offering a bargain—six for a quarter. This next year we are already planning another calendar, which we hope to have in time to supply all the demand and we would ask our friends not to buy any calendars for 1912 until they have seen ours.

LUCY B. PELLATT.

Convener of Legislation Committee

THE EVERLASTING EXAMINATION.

Because we remember so well the feelings of the "Pro.," the Junior, the Senior, therefore do we call it Everlasting. Still, there is nothing like courage and common sense and a sense of humour, and these delightful remarks, by some clever examiner in the *Australasian Nurses' Journal*, are the very thing for our dear readers who may have examinations to fear. It is called "Examiner to Examinees," and is as follows:

If you nurses would only look before you leap, or think before you answer questions, what a difference it would make to the examiners.

You were asked how you would proceed to wash a helpless patient. What did you proceed to do? Wash ordinary patients, wash very dirty patients, and only very, very few, wash a helpless patient. Only one describes the way she would manage to take helpless patients out of their garments. Most of you seemed to have run short of garments, and do not mention them at all.

Like the garments, the patients seemed to have run short of eyes, as only one nurse seems to have noticed they needed attention.

How many sheets could you make out of 100 yards of calico, just the exact width?

How very clever some of you were, and how extravagant others. When I get 100 yards of calico 72 inches in width, if generous as to material, I manage to make 33 sheets and one dressing towel. If not quite so generous as to material I manage 37 sheets. Now will you believe me if I tell you a secret?

Note the great difference in thinking out "Household Management." Some very clever ones among you managed to obtain 100 sheets, others 50, others 30, others 80, others 12, and one only managed 11 sheets. Beds are 6 ft. 6 in. in length; how she managed with sheets 10 yards in length, I cannot tell.

How many pillow-cases can be made out of 50 yards of calico, just the right width for a case 35 inches?

I can manage to make 50.

Some of your number managed 20, others 30, others 40, and one was clever enough to manage 500. How I wish I knew how she managed it? What a stock of pillow-cases I should have in my cupboard.

What is the allowance of sheets per bed? Nurses, like doctors, differ in opinion. Some of you changed your bed once a week, others twice, and others not at all.

How would you protect your health when nursing a "Consumptive Patient?" Some of you do it so nicely, protect yourselves so very well, that the patient is left to die comfortably or uncomfortably, just as he pleases. Some of you burn every unpleasant thing. I have wondered so much where you have burnt them. Was it in the kitchen stove or dining room fire? Very few of you seem fond of taking a bath, or if so, dislike to mention the fact.

Describe the various ways of taking a temperature, and what precautions you would take.

Some of you can take temperatures in a perfect way, and some have given your patients rather a severe time.

One of your number gave her patient (a child it must have been, because the temperature was taken in the rectum) an enema every time she took its

temperature. Now fancy or imagine that patient having its temperature taken every two hours. Where is the child now?

Some of you guard against hot water bottles, bags, tins, foment, ice-bags, etc. Most of your patients were to be trusted. Only one seems to have met those dreadful people who rub the "thermometer" up to 110 degrees, or place the "thermometer" wrong end in. What would you do if the patient ate the bulb of the "thermometer," or retained the broken half of same in the rectum? You did not divulge.

If a child in your ward swallowed a shilling, what would you do?

Most of you decided to do most silly things. If a child in my ward had really swallowed a shilling and was quite comfortable, I should send for the doctor and leave him alone. If the child was black in the face, I would hold him up by the heels, shake him, smack him on the back to encourage him to cough the coin up, or otherwise help him to breathe until the doctor arrived. A nurse that gave the child, supposed to have swallowed the shilling, an emetic or dose of castor oil without the doctor's order, is a dangerous person.—M. F. S

PERSONALS

Miss Ida Coulson, of Sudbury, spent a few days in Toronto in December.

Miss Theresa Regan, St. Michael's Hospital, Toronto, has been appointed Superintendent of the Welland County General Hospital. We wish her all success.

Miss Power spent Christmas with her sister in Montreal.

Miss Ella Shaw spent the holiday season in Toronto.

Miss Alice Sinclair, graduate T. G. H., Class '01, spent a short time in Toronto, on her way to join Miss Macfarlane, Superintendent of Vancouver General Hospital.

Miss Annie I. Brown (T. G. H.), was called home suddenly from New York on account of the illness of her father.

Miss Thomson, Head Nurse of Annex, Toronto General Hospital, is enjoying a two months' holiday.

Miss Z. Brigham, head nurse of the Souris Sanitarium, is spending the winter with her parents in Allan Park.

Miss McIsaac, President of the American Journal of Nursing Company, continues her tour. She has visited many Associations and has accomplished much in increased interest, better organization and more effective work. What a wonderful impetus to progress all along the line will this work be that Miss McIsaac is so thoroughly doing.

Miss Cade is the new Superintendent of the R. M. and G. Hospital, Port Arthur. Miss Cade is a graduate of the General Hospital, Youngstown, Ohio, and has been some years in Toronto.

Miss Code, graduate of St. Joseph's Hospital, London, is doing private nursing in Port Arthur.

THE SCHOOL NURSE.

School Nursing in Toronto is now on a regularly established basis and an interesting report of the nurses' work has appeared. Since the system was organized in May the nurses have made 1,079 visits to homes, 809 visits to schools, 46 visits to dispensaries; 56,412 inspections were made in school 41 children were excluded with contagious diseases—these were found in the classes, some desquamating, others with marked rash of scarlet fever or measles. Through the nurses' efforts 26 children had glasses fitted, 35 had tonsils and adenoids removed and 86 had teeth filled.

Tooth brushes are provided by the Board of Education, which the children may have for five cents. A number who would not buy them at the drug store can get them from the teacher at this reduced rate.

The nurses on the staff at present are: Miss Ella J. Jamieson, Miss Alice M. Robertson, Miss Nellie Hatch, Miss Amy C. Killaly, Lina L. Rogers, R.N., Superintendent.

A post-graduate course of one month has been started in Toronto to enable nurses to broaden their experience and prepare themselves for positions of this kind. This will help to obviate the difficulty of getting nurses who can organize this work in towns starting it. The first nurse to avail herself of this opportunity is Miss Ida M. Boyce, Graduate of Miami Valley Training School, Dayton, Ohio.

THE LADY OF THE LAMP.

At Chelsea, under the lime-tree's stir,
I read the news to a Pensioner,
That a noble lord and judge were dead—
"They were younger men than me," he said.

I read again, of another death;
The old man turned, and caught his breath—
"She's gone?" he said; "she too? In camp
We called her the Lady of the Lamp."

He would not listen to what I read,
But wanted it certain—"the Lady's dead?"
I showed it him, to remove his doubt,
And added, unthinking. "The Lamp is out."

He rose—and I had to help him stand—
Then, as he saluted with trembling hand,
I was abashed to hear him say,
"The Lamp *she* lit is alight to-day."

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Editorial

VANCOUVER, B.C.

An effort is being made by the Vancouver Graduate Nurses' Association to organize all the nurses of the Province for the purpose of securing an Act of Registration for which application will be made to the Government of British Columbia. The object is to raise the standard of nursing in the Province and to protect the public from being imposed upon by nurses who are not properly qualified. The Act is not designed to prevent anyone from engaging in the work of nursing, but simply to make it possible for those employing nurses to distinguish between trained members of the profession and those who have not the requisite qualifications.

RUTH JUDGE.

811 Thurlow Street, Vancouver, B.C.

Sec. V. G. N. A.

We wish the V. G. N. A. every success in its endeavor to secure Registration. This subject is engaging the thought of the members of the profession all over the Dominion. Make THE CANADIAN NURSE your mouthpiece and let it help in every possible way. That is its mission. Help it to fulfil that mission.

THE "FLORENCE NIGHTINGALE" PLEDGE.

"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty I will endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care."

INTERNATIONAL NEWS.

Sister Agnes Karll, President of the International Council of Nurses, has completed her translation of "A History of Nursing," by Miss Nutting and Miss Dock, into the German language, and the book will be on sale at the beginning of next month. We congratulate Sister Karll on the accomplishment of this important piece of work, and the German nurses on the opportunity she has placed within their reach of studying the history of their profession in their own language.—*British Journal of Nursing*.

NOTICE.

Any subscriber who has not been receiving her journal regularly will confer a favor on the Board of Directors by communicating with the Secretary or Editor. There has been considerable difficulty in this regard the past year owing, doubtless, to change of publishers. We want to correct this. Let us have the names and addresses of those who fail to get the journal. Subscribers will please send any change of address promptly, so that no numbers may be missed.

NORTH DAKOTA UNIVERSITY.

GRAND FORKS.—The preparatory course for nurses at the University of North Dakota began its work with the opening of the college year, September 22. The course is similar to that given at Teachers College, Columbia University, New York City, and is of one year's duration. At the end of the year, if the student has successfully completed the courses of study specified in the curriculum and manifests an aptitude for the work of nursing, she will be admitted to one of the affiliated training schools for two years' further study. At the expiration of that time, the successful student will receive from the University of North Dakota a diploma in nursing. The first semester offers the following courses: Anatomy, physiology, hygiene, and sanitation, chemistry, dietetics and psychology. The second semester: General bacteriology, chemical physiology, pharmacology, sociology, household and hospital economics, and principles of nursing. All courses are especially arranged and taught from the standpoint of a nurse, the latter two of the second semester and dietetics in the first, by the director of the course, Bertha Erdmann, R.N. Although this course is in connection with the College of Medicine, it is an integral part of the University organization and under the control of the director, who is also a member of the faculty. Four students have matriculated; they are enthusiastic, interested, and doing good work. Among the affiliated institutions are: The Augustana and Presbyterian Hospitals, Chicago; Trinity Hospital, Milwaukee, Wis.; St. Luke's, St. Paul, Minn.; Bellevue and Allied Hospitals, New York City. Applicants must be at least eighteen years of age and have the equivalent of a first-class high school education.

This is the second University which has made nursing one of its departments. The University of Minnesota was the first, an account of which appeared in the August number of *THE CANADIAN NURSE*. And why should not this be the rule? Nurses work as hard to secure their diplomas as the members of other professions.

FLORENCE NIGHTINGALE MEMORIAL FUND.

A meeting was held at Grosvenor House on Friday, October 28th, to consider the steps to be taken to formulate an Imperial Memorial to the late Miss Florence Nightingale; Admiral Lord Charles Beresford, K.C.B., was in the chair. Mrs. Joseline Bagot, R.R.C., spoke of the work of Miss Nightingale in the Crimea, of her wonderful power of organization, how rapidly under her direction order was brought out of chaos, and comfort reigned where before had been unheard of misery.

Capt. Mark Sykes spoke of the results of her work and the everlasting benefit it would be to the human race, as every trained nurse carried her spirit to the bedside of the sufferers whom she tended.

Mrs. Daere Craven, the oldest Nightingale probationer, also spoke. Finally it was decided that a committee should be formed to consider the various schemes proposed, and upon the suggestion of Mrs. Bedford Fenwick, the committee was given power to add to its members, so that the chief nurses' organization should be consulted. Viscountess Helmsely proposed that more women should be placed upon the committee, as the names proposed were with but one exception men.—*St. John's House News*.

"THE NURSING MASQUE."

This is a pageant on the Evolution of Trained Nursing to be given in London, England, on Feb. 18th. Mrs. Fenwick, who works so indefatigably for State Registration, is the moving spirit. *The British Journal of Nursing* says:

The processions in preparation for February 18th, will, however, give to the public a very good idea of the immense importance of trained nursing to every section of the community, and the devotion of the noble women who have tended suffering for centuries with little appreciation or recompense.

It won't do to tell too many secrets, but of the four sections into which the Procession of Mortals will be divided, the first will bring us down to the middle of the 19th century; it will be led by Agamedé the Fairhaired, mentioned in the Iliad, "who knew all drugs so many as the wide earth nourisheth," and will end with the great Elizabeth Fry, between whom will come the most celebrated of those innumerable great hearted saintly women who by their compassion sweetened every century. It is much to be regretted that with so little time at its disposal the committee will find it impossible to include in this procession the Military Knights, Templars, Teutonic and of St. Lazarus, but the Brothers of Pity we must have. Sections 2, 3 and 4 will be headed by distinctive banners inscribed "Education," "Nursing and the Community," and "State Registration," and Miss F. Sleight has this work in hand. The three Petitions will briefly touch on the education, practical work, and right to legal status of trained nurses.

CORRESPONDENCE.

TO THE EDITOR OF THE CANADIAN NURSE:

Dear Madam,—I want to give you an account of my work, of Welfare Nurse, and I will try to make it as interesting as possible.

It is now over a year since the McClary Manufacturing Company engaged me as Welfare Nurse, and during that time I have found my work very interesting. There are 1,080 men and women employed at the factory, and it is my duty to visit or care for any sick member of the families of these employees, and to report any unhygienic conditions in their homes. These people are allowed to call on me any hour during the day and, in very urgent cases at night. I have regular hours for visiting outside patients and the factory. There is a small Emergency Hospital connected with the factory, furnished with everything needful for emergency work. I have reported since November, 1909, twenty-six major accidents, others being slight cuts; one hundred and ninety-seven house calls, and five hundred and seventy-five cases at the factory.

Besides providing a nurse to look after the health of their employees, the company have provided a dining room and lunch counter where the men can get a meal for ten cents. Also a library, containing about 400 volumes and magazines, open at noon hour.

Miss Crosby, of Toronto, called on me, and seemed quite pleased with my work. Now I must close, wishing you a Merry Christmas and Happy New Year.

Yours truly,

132 Central Avenue.

(MRS.) M. REYNOLDS.

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QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

WAR OFFICE, LONDON, S.W., December 16, 1910.

The following lady has received an appointment as Staff Nurse:—Miss E. M. Whittall.

Transfers to Stations Abroad—BLACK U and L C

MATRONS.

Miss J. Hoadley, R.R.C., to Malta, from Military Hospital, Curragh.

PROMOTIONS.

The undermentioned Sisters to be Matrons:—Miss M. Mark, Miss I. G. Willetts.

The undermentioned Staff Nurses to be Sisters:—Miss M. Davis, Miss E. K. Kaberry.

E. W. BECHER,

Matron-in-Chief, Q.A.I.M.N.S.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

To be Nursing Sisters (supernumerary):—Miss Mabel Clint, 10th October, 1910. Miss Flora Harriet Wylie, 12th October, 1910. Miss Louisa Hortense Parlee, 15th October, 1910. Miss Laura May Hubley, 15th October, 1910.

To be a Nursing Sister (supernumerary):—Miss Charlotte Macalister, 20th September, 1910.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

*My soul will be a-dry before,
 But, after, it will thirst no more.*

The Call of the Woods.

When you are tired ministering to the many wants of the sick, and things seem to go all wrong, take a day "off," and go to the country where nature is all harmony and unison, and there let your body relax and your soul expand and rest; often the spirit as well as the body requires rest.

The green mountains will speak their message, the waterfall its music, listen to its rhythm; flowers invite your admiration and give you in return their sweetest perfume; the sky above is clear and restful.

Nature is all giving, for the scene of young growing things, the gentle rustling of the leaves, songs of birds, all is soothing to tired nerves. To a nurse it is the frequent contact with irritating, and often uncongeneal, forces, which consumes the vitality, and leaves us, as we say, "limp" and nervous.

Nurses, I think more than any one else, require this nature diversion, as our work keeps us confined very much indoors. Try this outing sometime and see the effect.

Myra Isobel Stevens.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

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Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The Canadian District Council of the Guild of St. Barnabas, consisting of a Chaplain, Superior, Secretary-Treasurer and five members elected by the members of the District, meets three times a year in Montreal, to read reports from the Branches, to make any regulations for the benefit of the Guild and to conduct any business which may be brought forward. Some time ago it was suggested that it would be advisable for the Canadian District to have its own constitution. After much consideration a form was drawn up and submitted to the Branches in Canada and to the Council in England. With one exception it was approved and confirmed, and at the meeting of the Canadian District Council on December 1st, 1910, its adoption was proposed by Miss M. V. Young, seconded by Mrs. Messurvy, and carried. These by-laws, while quite in keeping with the Constitutions of the Guild, allow certain changes in the regulations to suit the differences of life and thought in Canada.

After this we shall to a great extent conduct our own affairs and all communications from the Branches of the District will be made to the District Secretary, who will transmit them to England. This will make us more self-reliant. It is to be hoped that before long we shall be requested to form other Branches, so that the Canadian nurse may enjoy the privileges of the Guild of St. Barnabas in all the great centres of the Dominion.

ANNIE STIKEMAN,

District Superior.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Miss Bella Crosby, 41 Rose Ave, Toronto; First Vice-President, Miss A. I. Robinson, Galt; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Lucy Bowling, 47 Metcalfe St., Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne St., Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss A. J. Scott, 11 Chicora Ave., Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 7 Wells St., Toronto; Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Mrs. Downey, 554 College St., Toronto; Miss Janet Neilson, 295 Carlton St., Toronto; Miss J. C. Wardell, 171 Delaware Ave., Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss M. L. Barnard, 608 Church St., Toronto; Miss Ewing 569 Bathurst St., Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss Kennedy, 1 Lakeview Ave., Toronto; Miss Jamieson, 23 Woodlawn Ave., E., Toronto; Miss De Vellin, 505 Sherbourne St., Toronto. Conveners of Standing Committees—Legislation, Miss Mill Pellatt; Revision of Constitution and By-Laws, Miss M. J. Kennedy. Press and Publication, Miss Brent. Representatives to The Canadian Nurse Editorial Board, Miss A. J. Scott, Miss E. J. Jamieson. Representatives to Local Council of Women, Misses Neilson, Wardell, Irvine and Smith.

REGISTRATION.

This very important subject is receiving the thoughtful attention of nurses in every land. In the different Provinces of Canada, steps are being taken to place the profession on a proper recognized basis. The Graduate Nurses' Association of British Columbia is in the midst of a vigorous campaign for registration. The Graduate Nurses of Nova Scotia have just one more step to take. Manitoba is working along the same line with good effect. Ontario is striving to interest all her nurses in this great question and to bring about united effort to secure legislation. The account of work, successful work, from other lands is encouraging. Note the following from *The British Journal of Nursing*:

The Bill for the State Registration of Trained Nurses in Denmark has been approved by the Commission appointed to consider its provisions. Among the principles incorporated in it are (1) the restriction of the use of the term "registered sick nurse," and the limitation of State recognition to those who have obtained the State certificate; (2) only women holding the State certificate may be appointed to responsible positions in institutions which are training schools for nurses. The curriculum includes two months' preliminary training and three years in an institution connected with one of the State-recognized hospitals. It provides for a two years' period of grace after the passing of the Act, and for its revision within five years of its passing. The working of the Act is placed in the hands of Committees of Public Health. The Bill at present recognizes a year's hospital training as a qualification (in addition to preliminary training) for district nurses, but we hope this may be altered before it becomes law, and the same standard be adopted for all nurses.



Miss Mary Shore has received the appointment of District Missionary Nurse on the Indian Reserve, under the New England Co. This is the senior missionary society, incorporated in 1611, with head office in London, England. Miss Shore enters on her duties January 14th. Her headquarters will be at Ohsweken, Ont. The Reserve is twelve miles square. The nurse is provided with a horse and trap for her use while making her official visits.

A Branch of the Order has been organized at Victoria, B.C. The Home Nursing Society has amalgamated with the Victorian Order. The nurse will enter on her duties there, early in February.

The Toronto Branch has placed a nurse in the western part of that city. This makes the third resident nurse in the parts of the city more distant from the Central Home.

The Vancouver Branch is extending its activities. They have placed a nurse in Fairview, thus beginning the resident nurse plan in that city. They are planning to build a larger home for the nurses, to be called the Florence Nightingale Home.

The reports from the Cobalt District are very promising.

Miss Mayou has left for Shoal Lake, Man., where she will be in charge of the hospital. Miss Jean Scott will be her assistant.

Miss Bertha Steeves is in charge of the Victorian Hospital, Swan River, Man.

Miss Elizabeth Will has been appointed nurse in charge of the Edmonton District, to succeed Miss McCulloch, who resigned January first.

Miss Amy Claxton has received the appointment of District Nurse at Canso, N.S.

A post-graduate course in district nursing—four months—is given at one of the four training centres of the Order: Ottawa, Montreal, Toronto, Winnipeg. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly committee meeting and lecture were postponed till January 9th owing to the holiday season.

Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital, kindly invited the members of the C. N. A. to hear Miss Crosby speak on "The Canadian Nurse" and "Registration and What it Means to the Graduate Nurse." If all the nurses knew what an interest Miss Crosby has and is taking, they would do their share by subscribing to it now and make this new year a banner one. Coffee and cake were served at the close and a very pleasant half hour spent before the blazing log fire, which we were loath to leave.

Miss Randall, graduate R. V. H., Superintendent of a hospital in San Francisco, had the pleasure of being present at a reception for Miss Andrews (M. G. H.), in Winnipeg, on the occasion of her approaching marriage. We are always glad to welcome back our graduates and members and learn what they are doing.

We extend our sympathy to Mr. Howard Wilson in his great bereavement. The late Mrs. Wilson (nee Willson) was a graduate of St. Paul's General Hospital, Minnesota. She leaves one little daughter.

Much sympathy is felt for Miss Van Buskirk in the death of her father, Dr. Van Buskirk, of St. Thomas, Ont. Miss Van Buskirk will not return to continue her work for some time.

HOSPITALS AND NURSES.

Miss Angela McIlhargey, graduate of St. Joseph's Hospital, Chatham, who has been engaged in hospital work in Detroit, resigned her position and will do private nursing in the city.

Misses T. Blonde and Pearl Dickinson, Class '10, are doing private nursing in Detroit.

Miss Nellie Gilmore, Class '10, intends going to Chicago with her brother, Dr. Gilmore, to do private nursing.

Miss Jean Lundy, Class '10, registered in Chatham for private nursing.

Miss Jean Gilmore, who has been ill for some time at her home in Lucknow, is reported much improved.

Misses Grace Hoy and Rose Taele, graduates of St. Joseph's Hospital, Chatham, are doing private nursing in Port Huron.

Miss A. N. Ireland, graduate John H. Stratford Hospital, Brantford, has received an appointment in the Galt Hospital, Lethbridge, Alta.

Miss J. A. Gibson, graduate of Moose Jaw General Hospital, has been appointed Superintendent of the General Hospital, Kincardine, Ont.

Miss Kirk (R. V. H., Montreal), who was Superintendent of the Children's Memorial Hospital until the first of October, is with Miss Guernsey (R.V.H.), who was her assistant for the last year, taking a trip on the Continent. They expect to spend Christmas in Rome, and will visit England before their return next spring or summer.

Miss McKay, a graduate of the R. V. H., Montreal, who was assistant in the operating department of that institution before going West, is now in charge of the operating department in the General Hospital, Vancouver.

Miss Randal (R. V. H., Montreal), who has been for some years in charge of St. Luke's Hospital, San Francisco, where they intend building a new hospital, is now in Canada; her trip East is for the purpose of gathering information as to the latest improvements and methods in the hospitals on this side of the continent.

Miss Lucina M. Watson, graduate H. C. H., has been appointed Dispensary Nurse for the Tuberculosis League in London, Ont.

Miss Ida M. Carr, Superintendent of the Hamilton Asylum Hospital, has been transferred to Brockville.

Miss Kate Madden who for three years was Supervisor of the New England Hospital, Boston, has been appointed Lady Superintendent of the Hamilton City Hospital.

Miss Trout, Lady Superintendent of the R. A. H. Fergus, has resumed her duties.

We regret to learn of the death of Miss Lucy B. Fisher, one of the Associate Editors of the *Nurses' Journal of the Pacific Coast*, and Second Vice-President of the Associated Alumnae of the United States. Miss Fisher was a pioneer worker in all nursing affairs of the Coast. Her special work, latterly, was for the prevention of tuberculosis. She will be greatly missed by her friends and associates to whom we tender our most sincere sympathy.

On November 14, 1910, a meeting was called for the double purpose of organizing a Graduate Nurses' Association of Berlin and Waterloo, including

all graduate resident nurses who have trained elsewhere, and an Alumnae Association of the Berlin and Waterloo Hospital Training School for Nurses. By the courtesy of Mrs. Bowman, Superintendent, the meeting was held at the Hospital, through whose efforts the organization has been formed. The object of forming the association being to encourage a friendly spirit, for mental improvement and instruction and maintenance of the honor and standing of the profession. On motion Mrs. Bowman was appointed to the chair, and Miss Georgie De Bus to act as Secretary, pro tem. A Nominating Committee was appointed, consisting of Misses Hendrich, Gies, Kaiser and De Bus. The result of the business of the evening was the election of officers, formation of by-laws and constitution. The officers for the year are: Hon. President, Mrs. W. A. Ziegler; President, Mrs. A. Foster; Vice-President, Miss Louise Henrich; Recording Secretary, Miss Kaiser; Corresponding Secretary, Miss Eva Border; Treasurer, Miss Gies. Registration is to be at the Hospital and a uniform rate for nurses' fee was fixed upon. A large number of nurses were present, and we trust the same enthusiasm will be shown throughout its existence.

The annual graduating exercises of St. Joseph's Hospital, Port Arthur, will take place December 22nd. The names of the graduates are: Miss Agnes Armstrong, Fort William; Miss Alice Guiry, Lindsay; Miss Florence McCrea, Cobalt; Miss Gracia McDonald, Parry Sound.

The Children's Hospital, Winnipeg, now in course of construction, is to be completed early in June so that the little sufferers may have its shelter and care in the hot months when epidemics work so much mischief.

The three days' bazaar held for the benefit of the Building Fund was the most successful ever held in Winnipeg, the handsome sum of \$10,500 having been cleared.

Thirteen thousand persons visited the bazaar as recorded by the paid admissions.

In addition to this sum E. A. Merrill, of Minneapolis, on Saturday presented the ladies with his cheque for \$2,000. The money is to endow a cot in the new hospital in memory of his daughter, Constance Merrill. Mr. Merrill is the father of Mrs. C. D. Shepard of this city.

Saturday was rather the climax than the conclusion of the event, and the afternoon and evening saw the rooms and the galleries filled with a busy throng. Later in the evening all the goods not sold were disposed of by auction, Hon. T. Mayne Daly, Hugo Ross and George Carruthers striving for premier honors in the role of auctioneer. The verdict of the audience was to the effect that they broke even.

The sale over, servers and served, in thousands gathered into the rotunda and with the singing of "God Save the King," and giving three cheers for Peter Lyall, Superintendent Wilson, and their helpers, declared the second annual Children's Hospital bazaar at an end.

Mrs. J. P. Jansen has the honor of planning and managing this most successful bazaar.

A meeting of the graduate nurses of Peterboro was held in the Y. W. C. A. on the afternoon of December 13, 1910, when an excellent address by Miss Crosby was enjoyed. The subject of registration for nurses was dwelt upon, and a paper which has been thought most justly to meet the needs of all, read. A plea

for THE CANADIAN NURSE appealed to our patriotic instinct, and we remembered with shame that our only Canadian journal of nursing was struggling along without our full support. Then a few words in behalf of the Graduate Nurses' Association of Ontario reminded us how very easy it is to become narrow, and to be satisfied with very much less than the best for our profession in our own country. Mrs. Millar (nee Miss Coleman) former Superintendent of Nicholls Hospital, was appointed a delegate to represent us at the general meeting of the association to be held about the last of the month in Toronto. A hearty vote of thanks was tendered Miss Crosby, and we felt that her coming had done us good.

Petrolea, Ont., becomes the possessor of a splendid hospital, picturesquely situated, and perfectly equipped, by the generous gift of its citizen, Mr. J. L. Englehart, Chairman of the Temiskaming and Northern Ontario Railway. Mr. Englehart has donated to the town his beautiful residence, valued at over \$50,000, and grounds covering some thirty acres, as a memorial to his deceased wife. He has, moreover, donated \$5,000 to be devoted to remodelling the structure for hospital purposes. The institution will be known as the Charlotte Eleanor Englehart Hospital and will become the property of Petrolea on December 31st, the second anniversary of Mrs. Englehart's death. Dr. R. W. Bruce-Smith, Provincial Inspector of Hospitals, who has returned from an inspection of the property and plans for reconstruction, said last evening: "It is a most generous gift. The property as it stands to-day could not be replaced for over \$100,000. It is absolutely ideal for hospital purposes, with its spacious building, series of five balconies and magnificent grounds. There is not a finer building for its size on the continent, and the town of Petrolea will have perennial cause to thank Mr. Englehart." Most lasting than bronze or marble is the monument that ministers daily to human suffering.

The Amasa Wood Hospital, St. Thomas, Ont., is to have an extension in the near future.

The Illinois State Association of Graduate Nurses is arranging a series of lectures on questions of interest to social service workers.

At the recent meeting of the Indiana State Board of Nurse Registration, held at Indianapolis, forty-four took the examination.

The presentation of the medals and diplomas to the graduate nurses of the 1910 class of the Western Hospital Training School for Nurses, Montreal, was made in the hospital buildings on Dorchester street, on Thursday, November 24th. The large waiting room of the Outdoor Department was transformed by a wealth of bunting, etc., and the formal presentation and speeches were disposed of here before the social portion of the programme was proceeded with. The President of the institution, Mr. Peter Lyall, presided. He emphasized the great need of a new Nurses' Home and appealed to the ladies present to help by every means in their power the efforts that are now being made to provide for women who are devoting themselves to such honorable work, a suitable residence with those two great essentials, light and space. After words of advice from Dr. James Perrigo, Mr. T. Gilday and others to those nurses who were passing out of the school the diplomas and medals were handed with suitable words to Mary A. Scriver, Elizabeth Keech, Muriel Pickel, Isabel Jennings, Mabel Drake and Marian Nash. The other half of 1910 class having

received their certificates earlier in the year. A special gold medal had been presented by a generous friend to the nurse most proficient in all branches of the gentle art of nursing, and this was handed, amidst loud hand-clapping, in which the fellow-nurses heartily joined to Miss Marian Nash. A handsome book, as a special, was also presented to Miss Clare Wiggett. Both these young ladies appeared to be equally as popular with the school as with the powers. An adjournment was then made to the Nurses' Home, where refreshments were served and vocal and instrumental music gave enjoyment to all, the singing of Mrs. C. H. Cameron being particularly pleasing. With due regard to the thoughts of an early to-morrow an "Auld Lang Syne" brought a thoroughly enjoyable evening to an all too early close.

Miss Beatrice Doherty, a graduate of the Western Hospital of Montreal, and formerly in charge of the operating room at that institution, has now been appointed in charge of the Miners' Hospital, Coleman, Alberta.

Miss Crosby, who has been visiting the Alumnae Associations east of Toronto, addressed the meeting of the Alumnae Association of the Royal Victoria Hospital in the Nurses' Home of that institution on Friday evening the 9th., the members of the Nurses' Association and of the Alumnae Association of the Montreal General Hospital were invited to be present. She interested the members by her account of what they had been doing and proposed to do with the CANADIAN NURSES' MAGAZINE, and also gave a brief sketch of what steps they, in Ontario, had taken towards registration for nurses.

At the meeting of the Executive Committee of the Vancouver Graduate Nurses' Association and an Executive Committee from the B. C. Medical Association, held on Thursday evening, December 22nd, a draft was made of an Act of registration for nurses for British Columbia which was approved of by those present. This Act to be finally voted upon will go before the members of the Vancouver Graduate Nurses' Association, the Alumnae Association of the Vancouver General Hospital, the Trained Nurses' Association of Victoria and others. A special meeting for this purpose will be held on Wednesday, December 28 at 8 p.m. at the Nurses' Club, 1357 Barclay street. The members earnestly hope that all graduate nurses interested in this movement will make an effort to be present at this meeting.—*Daily Province*, Vancouver.

The ladies of the Cowan Mission gave their customary tea and entertainment to the patients at the General Hospital, St. Johns, Newfoundland, on December 23rd, and a pleasant time it proved to be for all concerned. Too much praise cannot be given these ladies for the valuable assistance rendered the sick and suffering at the hospital. For years, in season and out of season, they pay regular calls, bringing words of good cheer to the unfortunates seeking health and strength. They also dispense literature, fruit, etc., and otherwise demonstrate their object which is to make the bed of the sufferer as pleasant as possible. They expect no reward, but they receive the thanks of those who, although living in the homeland, are without friends or relatives to visit them. They had made special preparations and not only provided dainty teas but had gifts of books, handkerchiefs, gloves, for all the inmates. There were dolls for the children, toys for the boys and pipes for the men. Not a single patient was overlooked or neglected from the youngest to the oldest. As many of the patients as possible were taken to the lower ward, where a concert was given, among those assisting were

Rev. Uphill, Miss Goodridge, Miss Herder, Miss LeMessurier, Miss Anderson. Dr. Keegan, on behalf of the hospital, thanked the ladies for their kindness in providing such a pleasant time. The institution is undergoing constant change and improvement, and before two years it is hoped to have it in first class condition. One of the improvements is a new home for the nurses, work on which will start in the spring. It will be erected a few feet from the hospital and the intention is to make it as comfortable as possible. Each nurse will have a room to herself, and the dining room and sitting rooms will be as modern as is possible to make them. The doctor paid a glowing tribute to the young ladies, who for ability and aptitude cannot be surpassed. During his recent visit to the Old Country, the doctor purchased a new kitchen outfit, which is the latest on the market and will greatly facilitate the labors of the nurses. The laundry was also a wonderful improvement. Nurses Lilian Reid, Margaret Hackett, Myra Taylor and Bride Hayse were then presented with certificates, they having passed their years' examinations with great credit. The staff consists of Superintendent, Night Superintendent, Office Sister, Theatre Sister, three Ward Sisters, one Staff Nurse and twenty-six nurses in training. The singing of the National Anthem brought this most pleasant afternoon to a close.

The regular monthly meeting of the Central Registry was held Monday, December 5, 1910. In the absence of the Convenor, Miss Kennedy kindly took the chair. The Registrar's report showed 175 calls for November, an increase of 48 calls over November, 1909. Several applications for the position of Registrar were received, but as Miss Ewing had been appointed for three months, these were held over until after the December issue of *THE CANADIAN NURSE*. It was decided that the committee appoint registrar, and Registrar choose her assistant. Later, at a special meeting held December 8th, it was decided that both Registrar and Assistant Registrar be Graduate Nurses.—Rose M. Kimmitt.

On Friday, December 9th, the regular monthly meeting of the Alumnae Association of the Montreal General Hospital was held in the Nurses' Home of the M. G. H. Miss Cowen, First Vice-President, occupied the chair. After the routine business Miss M. V. Young read an interesting report of the annual meeting of the Local Council of Women. Miss Crosby, Editor of *THE CANADIAN NURSE*, addressed us, giving a very interesting account of the starting and object of the journal, its history and difficulties. The nurses were urged to take an interest in the journal, both by subscribing for it and contributing to its pages. Dr. Helen MacMurchy's work for the journal in the past was warmly praised by Miss Crosby. Dr. Campbell gave a most interesting address on "Children's Diseases." Tea was then served and a social half hour much enjoyed by all present.

At the Annual Meeting of the Alumnae Association of the Hamilton City Hospital the following officers were elected:—President, Miss N. J. Burnett, 423 Main Street East; Vice-President, Mrs. A. W. Newson, 87 Pearl Street North; Recording Secretary, Miss D. E. Street, 200 Hughson Street North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium; Executive—Mrs. Margaret Reynolds, 87 Victoria Avenue South; Miss Ida Ainslee, 45 Bay Street South; Miss Bertha Miller, 87 Victoria Avenue South; Miss Elizabeth Aitkin, 198 Hughson Street North; E. J. Deyman, 87 Victoria Avenue South.

At the January meeting of the Alumnae Association of the Toronto General

Hospital Training School for Nurses, those who attended had the privilege of listening to a talk on registration given by Miss Crosby, who demonstrated then, as she has done on many a previous occasion, her fitness to be our chosen missionary in the legislation campaign. Step by step she went over the points in the proposed bill, and when, after an eager discussion of the subject, the meeting came to an end, not one of her hearers but felt she was wiser and more enthusiastic than ever on the question of registration.

A Christmas tree was held under the auspices of the Ladies' Auxiliary Board of the London Health Association, on December 23rd, at Byron Sanitorium, followed by a concert by Mr. Cyril Dwight-Edwards and his pupils. Sheriff Cameron acted as chairman, and Rev. J. Lakster, of First Presbyterian Church, delivered a splendid address. Others who took part were Mrs. Adam Beck, Miss Chapman and Miss Edith McBride.

Miss Barbara Gilchrist, Class '10, Victoria Hospital, London, Ont., has been appointed School Nurse by the Board of Education. She will take a course of training with Miss Rogers in Toronto before commencing her work here.

Christmas eve at the Lady Stanley Institute was a very enjoyable one for the nurses and house surgeons of the Protestant General Hospital, Ottawa. A Christmas tree was arranged on the platform of the large lecture hall, and besides the numerous presents to the nurses from friends, both inside and out of the Institute, there were numerous toy presents for each, which were placed on the tree to afford a surprise as well as contribute fun to the evening. Santa Claus was real and live and resplendent in full regalia, and also a surprise to the nurses. The jingle of bells approaching acted as a stimulus and in a few moments commotion reigned supreme. The discords produced by the tones of the various musical instruments such as mouth organs, hand organs, whistles, etc., etc., did not in the least detract from the joyousness of the occasion. After the gifts were all distributed supper was served—a most elaborate supper, which was provided as a treat to the nurses by Miss Rose Fleck, who takes a kindly interest in the nurses and hospital in general. Dancing, games and music completed the evening's fun. Three cheers were given for Miss Fleck and three cheers for Santa Claus who, when not sliding down chimneys and deciphering the minds and wish-books of mortals, is just Mr. Charles McNabb, a philanthropic resident of the city of Ottawa.

The regular monthly meeting of the Central Registry was held Monday, January 9, 1911, Miss Fraliek in the chair. The Registrar's report was read and shows the Registry to be steadily growing. At present there are four hundred names on the registry. There were 187 calls during December, an increase of 31 calls over December, 1909. The financial statement for the month was as follows:—

Balance in Savings Account.....	\$1,083.09
Balance in Current Account.....	374.40
Received for Fees, Charts, etc.....	116.15
	<hr/>
	\$1,573.64
Disbursements for December.....	269.66
	<hr/>
Balance.....	\$1,303.98

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Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

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The principal business of the day was the appointing of a Registrar. Several applications were received and considered, but it was unanimously decided that Miss Ewing, who has so efficiently filled the position for the past three months, be appointed. The appointment of an assistant registrar was deferred until the next regular meeting. It was with regret the committee heard Miss Kennedy's resignation. It was moved that a letter of appreciation be sent to Miss Kennedy for her past services on the committee. Several nurses have withdrawn from the Registry lately—some to fill hospital positions, some to be married and others just withdrawing from active work.—Rose M. Kimmitt, Sec'y.

Miss Frances Peel, Orillia Hospital, has taken a position in Jacksonville, Illinois, as surgical nurse.

Miss Dickson, graduate Victoria Hospital, London, Ont., who successfully held the position of first operating room nurse there, has accepted the position of Lady Superintendent of the Alexandra Sanitorium, Byron, Ont. Miss Dickson will take a course in Pittsburg Sanitorium before commencing her duties. We sincerely wish our sister nurses success in their new work.

MARRIED.

Main—Bowes.—On December 14, 1910, at Elora, Miss Maude Bowes, graduate of the Royal Alexandra Hospital, Fergus, Class '09, to Walter Main, both of Elora.

Murphy—Bisset.—In Quebec, on November 30th, at the residence of the bride's mother, Adele Bisset, to Dr. Murphy, of Brockville.

McLachlan—Watson.—At the residence of Mr. James K. Rochester, Renfrew, brother-in-law of the bride, on Thursday evening, December 15, 1910, by the Rev. W. M. H. Quartermaine, Mr. Alex. McLachlan, of Horton, and Louise, youngest daughter of Mr. John S. J. Watson, of Rockingham. Mrs. McLachlan is a graduate of Class '07, Victoria Hospital, Renfrew.

Holmes—Clark.—At the home of the bride's parents, Bryson, Que., on Tuesday, 13th inst., by Rev. J. Steele, B.D., Mr. Sam Holmes, of Renfrew, to Miss Blanche Clark, Renfrew, eldest daughter of Mr. John Clark, Bryson, Que. Mrs. Holmes is a graduate of Victoria Hospital, Renfrew, Class '09.

Nichol—McKibbon.—At Winnipeg, on October 30th, Miss Matilda McKibbon, graduate of Winnipeg General Hospital, Class '08, to Mr. John Nichol, contractor, Winnipeg.

Graham—Ranswell.—At Chicago, on December 1st, Miss Louise Ranswell, Oak Park, to Mr. R. R. Graham, Winnipeg. Miss Ranswell formerly nursed in Winnipeg.

Shea—Wilkinson.—At St. Mary's Church, London, Ont., September 5, 1910, Martha T. Wilkinson, graduate St. Michael's Hospital, Toronto, to James Albert Shea. Mr. and Mrs. Shea will reside in Lindsay, Ont.

BIRTH.

Dorgan.—At New Westminster, B.C., on November 15, 1910, a daughter to Mr. and Mrs. Joseph Dorgan (nee Miss Maud Hogan, Class '04, St. Michael's Hospital).

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**CLASS ORGANIZATION IN THE ST. LUKE'S HOSPITAL
TRAINING SCHOOL, NEW YORK.**

BY MANELVA WYLIE KELLER.

The nurses in the St. Luke's Training School of New York have developed a deep interest recently in the subject of class organization in the school, and have taken a number of steps which seem in the direct line of progress toward the completion of a splendid system. The movement is scarcely more than embryonic as yet, but there have already been many gratifying and hopeful results.

It is not at all remarkable that such a movement should be started in a high class training school, since it is only in keeping with the sentiment that has developed in the wider circles of the profession in all parts of the country; but it is only within comparatively few years that nurses in training have awakened to the fact that they have a privilege and a duty in this line. They have too long confined their attention to the work immediately at hand, leaving the advancement and improvement of their profession entirely out of their thoughts, expecting at some future time to have more leisure in which to broaden their activities. As a natural consequence nurses have graduated from their schools and gone out into the various avenues of the profession with a vision trained to see down this one avenue only, and it was unusual that one abandoned the narrow, limited habits of the training school, and took an interest in measures directed toward increasing the usefulness of the profession. The alumnae associations of the various schools had a very low percentage of the graduates on their membership rolls, and resulting from this the county and state organizations have limited resources. In spite of this fact, however, adequate organization has been effected, remarkable progress has been made, and the influence has worked backward in such a way that it is becoming obvious to training-school authorities, and through them to their pupils, that if the nursing profession is to become all that it may, the seeds of progress and broad vision must be implanted in the youngest pupil nurse and nurtured all through her training.

It was a realization of these truths that led to the inauguration of a system of class organization in the St. Luke's Training School. The movement was started by the seniors who, after thoroughly organizing and determining upon a few plans, recommended it to the intermediates, and they, in turn, profiting by the experience of their elders, and making a few original additions to the scheme, passed the enthusiasm on to the juniors, with the result that they are now splendidly under headway as a well-organized, flourishing class.

Each class has its own distinct constitution and its own individual methods of doing business, but there is a striking unity of purpose and aim evident in the stated "objects" in the several constitutions, and though there is considerable class spirit in the school, there is also a most gratifying atmosphere of inter-class sympathy, and a growing, healthful, "all-together" feeling. This manifests itself in individual relationships, as well as in the attitude of the nurses toward all things of more distinctly training-school import. Loyalty to the administration is greater and of a purer quality, because matters of administration and

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discipline naturally are brought to the front oftener, and receive more consideration; methods and requirements are more clearly understood, and view-points are reduced to the minimum number. There have been many practical demonstrations, since this system has been adopted, that its influence is strongly in the direction of unity and general good-will.

The social aspect seems of vital importance also. There are more and better social occasions, and the nurses show the effects of the more frequent relaxation and the more complete diversion, in an unmistakably more cheerful and willing attitude toward the hard work. "All work and no play makes Jack a dull boy," and there is reason to believe that more play with just as much work makes the young woman a brighter and more contented nurse.

Another helpful feature is the discipline in parliamentary procedure which the nurses receive in the conduct of their class business. The majority of women do not take an interest in this subject unless it has been forced upon them by some chance situation, and as a result very few nurses have any adequate practical knowledge of it. Consequently, when nurses go out into active service they are handicapped, so far as administrative affairs of the organized profession are concerned, and do not therefore take the proper interest in them. Organizing their class requires them to familiarize themselves with the drafting and adoption of a constitution, and with this and the subsequent transaction of simple business they necessarily learn, at least, the simpler methods of procedure in deliberative bodies, and develop an interest in the subject.

Furthermore, the senior class of this year has shown an appreciably increased interest over previous classes in becoming members of the alumnae association. This is another outcome of the organization idea. The class experience has put the nurses in tune, so to speak, for the alumnae work, and even the younger nurses are giving more thought to all the higher organizations of the profession. There is a growing realization among the class members that what they are now doing will serve as a foundation for the future broader work, and many of the class efforts show a conscious anticipation of such result.

Aside from these accomplishments there have been no developments, and, of course, the plan is in its infancy, but the foundation is good and results thus far have been so evident and promising that much is expected of the future. It is only a form of obedience to the command of the spirit of progress in the profession—an effort to keep abreast of the times—a means of keeping in harmony with the age in which we live. Organization, unity, co-operation, and peace must be the watchword of the hospital training school if it is to develop as a vital factor in our world of decided progress toward just such ends.

The proportions which this plan will assume in the course of the next few years cannot reasonably be predicted. Elaborations will necessarily be slow, since they are important and the cause they involve is most vital. But there is no profession which is worthier of increased power and usefulness, and since it seems that systematization is the one great impediment, it is to be hoped that all training schools will catch the inspiration and respond to this call of duty, preserving still the traditional faithfulness of their profession.—*The American Journal of Nursing*.

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THE NURSES' LIBRARY

Bacteriology and Surgical Technic for Nurses. By Miss Emily M. A. Stoney. Third edition, revised and enlarged by Frederic R. Griffith, M.D.; 12mo of 311 pages with 204 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$1.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

The first part of this valuable work deals with bacteriology and antiseptics and gives the nurse just the information she wants. The second part deals thoroughly, concisely but clearly with surgical technic from every point of view. The book is well illustrated. The chapters on Operations in Private Practice, The Nurse's Duties in Preparing for an Autopsy in Private Work, Diet Recipes, and Hygiene make the book of great value to the private duty nurse. A glossary explains all difficult technical terms.

Practical Points in Nursing. By Miss Emily M. A. Stoney, Late Superintendent of Training School for Nurses, Carney Hospital, Boston, Mass. Fourth edition, revised. 12mo of 495 pages, containing 105 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$1.75 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

This work, written by a nurse of wide experience, is a complete guide to the nurse in private practice. The chapter on Observation of Symptoms is most thorough, but equally valuable is the one on Accidents and Emergencies which prepares the nurse for prompt, intelligent action always. No progressive, up-to-date nurse can afford to be without these two books of Miss Stoney's.

Do you know *World Wide*? The cleverest writers of Britain and America contribute to the success of *World Wide*—a weekly magazine of the best, and only the best, articles and cartoons of each week on the live subjects of the day, selected with great ability and fairness from the leading British and American journals and reviews. The English and Canadian editors of *World Wide* assure its covering the British and Canadian point of view. This cannot be said of any eclectic published in the United States, or even in Britain itself. *World Wide* is the only publication of its kind in Canada. As someone has said, "*World Wide* is a feast of reason—an intellectual treat." Regular readers of *World Wide* are kept in touch with the world's thinking. A complete index at the end of each volume greatly enhances its value for reference. If you do not know this splendid publication, send one dollar for a year's trial—the rate to new subscribers (regular rate \$1.50)—and, if in a month's time you notify the publishers that you do not like your bargain, they have promised to promptly refund your full money. That's fair, is it not? Address your subscription to *World Wide*, Witness Block, Montreal.

Life and Labor, a new monthly magazine, is published by the National Women's Trade Union League of Chicago, Miss Alice Henry is the editor. The object of the magazine is to bring about better industrial and social conditions for the worker. This change it seeks to bring about by interesting the whole community so that through co-operative action the removal of industrial wrongs and the placing of industry upon a basis just and fair to the worker may be brought about. A magazine with such a worthy object will assuredly have a long and useful career.

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In dealing with an inflammation, whatever may be the etiological theory, the fact remains that you have a condition manifested by swelling and pain from infiltrated tissues, redness from arterial interference, and other cardinal symptoms indicating the application of hot moist heat, which relaxes tension and normalizes circulatory disturbances.

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The Montreal Daily Witness has celebrated its fiftieth anniversary. May we be allowed to add our congratulations to the many that have gone before. Long may it flourish to be as ever the advocate of truth and right.

The *Canadian Pictorial* is the best printed magazine in Canada. It is crowded with the most interesting pictures of recent happenings, pictures of beautiful or curious things, portraits of men and women in the limelight, pictures showing the kaleidoscopic development of our great Dominion—pictures that tell the facts as no type-printed pages ever could. It is the next best thing to travelling and seeing people, places, and events, with one's own eyes. The more people are educated, the more they appreciate and value pictures of current events, for they convey so much information in so short a time. But the children also profit by and enjoy them. The *Canadian Pictorial* contains between one and two thousand square inches of pictures in each issue, and costs to produce a thousand dollars each issue—sometimes considerably more. The regular price is ten cents a copy, but it will be sent on trial to new subscribers only sixty-five cents a year—and full money back if in a month the new subscriber writes that he does not like his bargain. Address The Pictorial Publishing Co., 142 St. Peter Street, Montreal.

NURSES FOR FOREIGN LANDS.

A strong appeal come to us from the Secretary of the Student Volunteer Movement for Foreign Missions for Nurses to carry comfort and healing to the sufferers in these distant lands. He says:

"A trained nurse has a wonderful opportunity not only along professional lines, but as a teacher of hygiene and ordinary care of the sick, as one who can train the natives to become nurses, and so help to overcome the stupendous ignorance and grovelling superstition that prevail so widely in Oriental lands.

"The medical missionary and the trained nurse, however, are needed on the foreign field not only in their professional capacity, but because they are able to overcome prejudice, to open doors for the message of Christ and to incarnate that message in a way which is absolutely superior to that of the preacher or the teacher. There is a language which the whole human race can understand and which carries a message that every one, sooner or later, desires to hear. The medical missionary is master of this unspoken tongue of the heart. He is welcome in the home of the stranger. The fanatic Mohammedan allows him in the innermost harem; the Mandarin calls him to his palace and the Brahmin leads him into his home. For the Christian physician and the trained nurse there is no chance to invest life that can compare for a moment in influence and power with that on the mission field."

The different Missionary Societies are now calling for more than fifty physicians, men and women, and twenty-six trained nurses.

Particulars regarding the work, qualifications, terms, etc., may be secured from Mr. W. B. Smith, Acting Canadian Secretary, 125 East 27th Street, New York.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, MARCH, 1911

No. 3

DIETETICS.

The subject of "Dietetics" as part of the training school curriculum has within recent years demanded recognition as being of primary importance in the equipment of a nurse; for upon the kind, preparation and amount of food—in the feeding of a patient—depends more than upon the kind, amount and preparation of drugs administered. Until a very recent date, in the history of nursing, practically nothing was known of dietetics by the most skilled nurse, aside from the slight knowledge of cooking and serving a few dainty articles of food. While we may all be unanimous in the opinion that a patient enjoys his food if cooked to his liking, whether prepared or not by scientific calculation as to its caloric value, etc., yet we must agree, by our present knowledge of things as based upon scientific experiment, that food in its relation to disease and the requirements of the body must in some degree necessitate careful selection, to the obtaining of the best results. This selection must be based upon more than the patient's individual taste for certain foods, or his appetite for certain quantities. These in themselves are factors of some consideration, independently of what is scientifically calculated to be in harmony with the expenditure of the body, the nature of the disease, and the powers of assimilation. More and more the importance of proper diet for the sick is being impressed upon the medical and nursing professions. The nurse of the present and the future, as an important factor in the progress of this branch of medical treatment, is expected to equip herself with both theoretical and practical knowledge of the subject. It is necessary that she should be familiar with the proximate principles of food, in what percentage each is contained in the more common kinds of food, to what particular needs of the body each contributes, and their caloric value; how each is acted upon by the digestive ferments, and what the amount of output of waste from the body should be as compared with the intake of food, thus estimating the powers of ingestion. The metric system of figures is found to be invaluable in making these calculations. In most text books on this subject can be found tables of approximate and equivalent measures, such as:—

1 oz. = 30 grams

1 dr. = 4 grams

If a dietary allows a patient four drams of butter for breakfast, and it is estimated that 1 gram of fat equals 9 calories, then four drams of butter, being equal to sixteen grams of fats, equals 144 calories. Foods which contain in certain proportions all or a number of the principles, must necessarily be analyzed; for instance, in the estimating of the caloric value of a slice of

bread weighing so many grams, a certain percentage will be carbohydrates, a certain percentage proteids, and a certain percentage fat, salts and water. It therefore devolves upon the nurse to figure out the number of calories contained in the whole.

The doctor may call upon the nurse to make up a dietary allowing so many calories per day, or allowing so many grams proteid, as in cases of nephritis; so many grams carbohydrates, as in cases of diabetes, and so many grams fat, as in certain gall bladder cases; and will expect the nurse to make up the dietary, allowing for one week's food. Every nurse, upon her introduction to the caloric theory, feels that she is confronted with a most complicated problem, but after combating a few of the fundamentals, the rest seems quite simple, and with additional experience becomes very interesting. The work of analyzing does not often devolve upon the nurse, unless she chances to be employed in the laboratory for the purpose. In hospitals and medical schools prepared tables are used. These set forth the percentage of proximate principles, and the number of calories contained in a given amount of each kind of food. In Tuft's Medical School, Boston, a very complete table is used: In line with the different foods and their values are blank spaces for the daily records to be made. There is also a column devoted to miscellaneous data. Another very useful table is that prepared by Drs. Joslin and Goodall, of Boston, giving a list of fruits and vegetables, classified according to their percentages of sugar. This table is used principally in making up dietaries for diabetic patients, the recording of sugar and urea output each day, total intake of water proteids, carbohydrates and fats, and the daily weight of the patient.

Standard Table of Calories.

1 gram carbohydrate	=4 calories
1 gram proteids	=4 calories
1 gram fat	=9 calories
1 gram alcohol	=7 calories

The potential energy of food is measured by the amount of heat which can be obtained by its complete combustion, and is expressed in units of heat or calories. A heat unit or calorie corresponds to 425.5 units of work. The English heat unit is that amount of energy required to raise the temperature of a pound of water 1 degree F. Its mechanical equivalent is 772 units of work—that is to say, the same amount of energy will raise 772 pounds 1 foot.

A small calorie is that amount of heat required to raise the temperature of 1 gram of water 1 degree C. This heat, or energy, is produced by the intake of food, which causes the increase of combustion in the body—production of one-fifth energy and four-fifths heat. It is supposed that in the system the fats and carbohydrates are burned completely to carbonic acid and water, but the proteids leave a residue of urea, therefore the object of limiting the amount of proteid food in cases of nephritis. It is estimated that only 75 per cent. of the calorimetric value of proteids is of physiological value, and is by far the most important constituent of food. It may be argued that with an excessive amount of food consumed, there should be a rise of temperature, but not so. In health, with increased production of heat in the body, there is

increased loss of heat. Similarly, on a warm day, when there is diminished loss of heat, there is a correspondingly diminished production of heat.

In disease, the temperature is increased mainly by tissue disintegration and the inactivity of the excretory organs, which fail to eliminate the waste products, and consequent interference with the mechanism which in health operates to equalize the two processes. The diet, the atmospheric temperature, the activity of the sweat glands, the amount of moisture in the atmosphere, the amount of work done, and the body in health or disease are all factors to be considered in the estimating of heat production and expenditure.

Lady Stanley Institute, Ottawa.

MARY A. CATTON.

STERILIZATION IN PRIVATE WORK.

I have seen so often, both in American and Canadian nursing journals, inquiries about the methods of sterilizing necessary articles used in private practice. Some of the methods in use are, indeed, very crude.

Having nursed for a number of years for a doctor who has a large country practice, and who performs a great many operations in the homes of his people, I, like other nurses, had to devise some means of sterilization. This set me thinking, and the result is, I have patented a sterilizer which has proved more than successful, and is highly praised and recommended by all the doctors and nurses who have seen and used it. The nurses who have it say they would not be without it for any money. It is also invaluable in obstetrical work.

Figure No. 1 shows the sterilizer open, as it is placed in a No. 9 boiler (ordinary wash boiler used in private homes). The sterilizer has been made to fit a common wash boiler, as this is an article usually found in any home.

Figure No. 2 shows the sterilizer folded, with the feet removed and placed together, shown by (x) in Figure No. 2.

The sterilizer is made to fold, so that it occupies very little space, the feet being made removable, thus forming a flat object, which can be carried very easily in the ordinary grip. It is light, durable and inexpensive.

The wash boiler requires about one gallon of water, or enough so that the water does not bubble up through the perforations, the sterilizing being done by steam.

After having parcelled the articles for sterilization in the ordinary way, place a cloth over the top of sterilizer and fill the space with articles. then

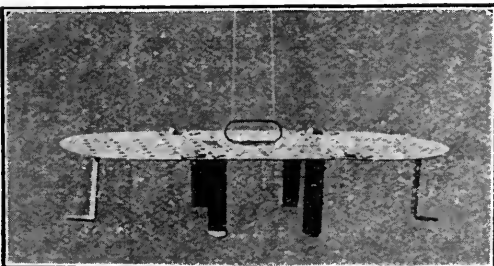


Fig. 1

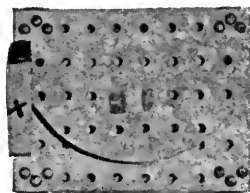


Fig. 2

cover parcels with another cloth. Place the boiler cover on very tightly and steam for fifteen or twenty minutes, water boiling hard all the time.

A nurse can have everything sterilized for an operation of any kind in a very short time, and with no trouble or worry. Any further information will be gladly given by writing to me.

JANET P. CHALMERS, Graduate Nurse.

200 London Road, Sarnia, Ont.

CORRESPONDENCE

To The Canadian Nurse:

I think we owe The Canadian Nurse a letter, for it was through it that we have at last attained our desired wish. However, we are not writing because we feel it a duty, but rather a pleasure, and if we can write anything of interest to the many nurses who read The Canadian Nurse, we shall feel amply rewarded.

It is over a year since Mrs. Kipp, Corresponding Secretary of the Women's Home Missionary Society of the Presbyterian Church, Toronto, had an article put in The Canadian Nurse, asking for nurses to go out to the new mission hospitals, which are being built in our Western lands.

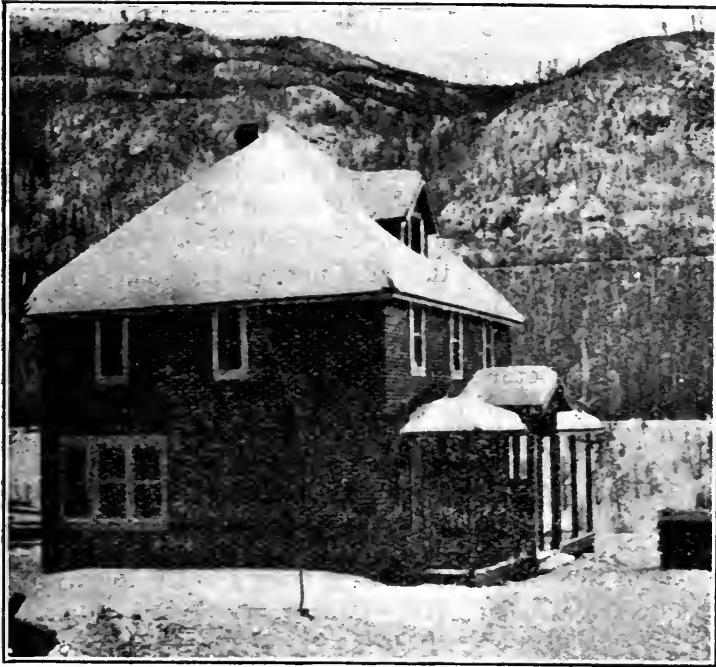
Miss Moore and I applied, but it was not until the following May that we were asked if we would be willing to go to Telegraph Creek, B.C., to take charge of a mission hospital. We both decided to go, and began to make arrangements to go as soon as we were needed. After a few anxious weeks we received word that we had to be in Vancouver July 15, thence to sail to Wrangell, Alaska, where we were to take passage on the river boat, Port Simpson, which would carry us to our destination. The river boat makes only a few trips up the Stikine River, its regular route being up the Skeena, and the ship from Vancouver also calls at Wrangell just at stated times, so we had to try and make connections.

We left Collingwood, Ont., July 2, going by way of Owen Sound to Fort William, thence to Winnipeg by train. After spending a day in Winnipeg with my brother, and a couple of days with my youngest brother, in Kindersley, Sask., we hurried on to Vancouver, and arrived there on the morning of the 15th. We were accompanied by my brother from Winnipeg, and had also had a kind friend, Rev. George Arthur, missionary at Vegreville, Alta., with us from Owen Sound to Winnipeg, so we were well looked after.

We made such a hurried trip through the West that we did not see much of that great country, but we hope to see more of it in the future.

We left Vancouver on the night of the 16th, in company with Dr. and Mrs. Inglis and two children, who had been out for a much-needed vacation, after spending five years in Telegraph Creek. Mrs. Inglis is a graduate nurse of Morden, Man., so we felt we had found a kindred spirit. We were very thankful to meet them, as we were not certain if we would have to make the trip alone.

We reached Wrangell, Alaska, on the night of July 18, and as the river boat was waiting, we intended leaving July 20, but what was our dismay, when, on awakening on the morning of the 20th, we found that the doctor's



THE TELEGRAPH CREEK HOSPITAL

little girl had developed measles. What was to be done? One thing was certain—we could not all go; so we talked matters over, and finally we all decided to stay, for the river boat was to make a second trip the following week.

We transferred our baggage from the hotel to a private house, which we were very fortunate in securing from the Presbyterian minister of that place. The doctor then decided that it was best for him to go alone the following week, for the hospital was not nearly completed, and we would be unable to begin work.

After two weeks of quarantine, Mrs. Inglis made the trip, taking the little girl with her, and left Miss Moore and I to look after the little boy, who had developed measles the previous week. In all, we spent four weeks in Wrangell, but we enjoyed the rest, although anxious to get to our destination. Wrangell is quite a pretty little place, the only objection being the amount of rainfall. One seldom sees a sunshiny day. One thing I admired was the beautiful sunsets, and I am sure it would be hard to find anything more beautiful. The colors were so gorgeous, and yet they seemed to harmonize perfectly.

But we were glad to once again start on our journey. We left Wrangell on the evening of August 17, and arrived at Telegraph Creek on the morning of the 21st. Needless to say, we were heartily welcomed by Dr. Inglis and wife, for they had never before been separated from that precious boy.

The river boat having made its last trip when Mrs. Inglis left us, we had the honor to be passengers on the first trip of the gasoline launch, "Telegraph of Wrangell," which was built specially to play between these two ports. Very small it looked compared with the large American vessels which called at Wrangell, and small, even, beside the river boat. But we had no other alternative, unless it was to take passage on a much smaller launch.

This was the first season a regular launch had been running, so it was hailed with delight.

Our trip from Collingwood to Vancouver, thence to Wrangell, we thought grand, but the scenery was not to be compared with that on the trip up the Stikine. Those never-ending mountains, just the distance away to be appreciated, the river twining in and out and around the mountains, were indeed sights worth seeing and remembering. I cannot begin to describe the beauty of it all. I think one has to see it for one's self, if one wants to really understand the grandeur of it. But that was not what we came for, although we felt thankful that we had had such a pleasant trip.

The hospital was not ready for us when we arrived, so we accepted the kind invitation of the doctor's family, and took up our abode with them. In the meantime we came up to the hospital, and did what we could in the way of oiling, painting, etc. The work on the building was done by amateurs, but I must say they have done splendidly. Dr. Inglis, with the aid of several other men, has certainly done his duty to the building.

We were somewhat disappointed to learn that it was not a mission hospital, the people of the town wishing it to belong to the town. We, of course, are supported by the Women's Home Missionary Society of the Presbyterian Church.

We are quite proud of our little hospital. It has eight rooms, besides cellar and attic. I shall try to give a short description of it, but feel I can't do it justice.

It is a frame building, tinned on the outside, which from a distance looks very much like brick. There is a verandah running along the west and south sides, which at some future time will probably be made into sun parlors. There are four rooms on the lower floor, besides a hall running the entire length from west to east. The operating room and bathroom are on the north side, while the ward and kitchen are on the south of the hall.

The rooms are all tinned inside and painted. The operating room is white, while the other rooms are painted in delicate shades, the hall being cream. The woodwork and floors are oiled, and the whole presents a clean appearance.

There are four wards on the upper floor, two intended for the Indians. Each ward is large enough for two beds, and one for three in an emergency. One room is reserved for white people, but we are privileged to use it when it is unoccupied. Then the fourth we reserved for a sitting room, but perhaps our plans will have to be changed when the building is completed. The upstairs wards will not be tinned, for funds ran low; but I think it will be done, if possible, in the near future. For the present, they are covering the ceiling and walls with cotton, with a wainscoting of oilcloth. That may seem very odd to the people living in the East, but if you knew how difficult and expensive it is to get material up to this far-away place, you would think as we do, that they do remarkably well. Of course, it is against our strict teaching of asepsis, but circumstances alter cases. (Just now we are using the operating room for a sitting room.)

The river is open to navigation such a short time each summer that it seems impossible to crowd the wants and needs of twelve months into that short time.

We had a formal opening on the night of September 15. There were twenty-three present, but, strange to say, the men were in the majority, there being only seven women, two of whom were half-breeds, wives of white men. We had the building nicely decorated with flowers, beautiful flowers, too, which had been kindly sent us by all in town who had any to give. We also had some very pretty autumn leaves, and I must not forget to say we had the dear old flags, Union Jack and Canadian. We were unable to find maple leaves, but there is a shrub here which has leaves similar, so you may be sure we plucked as many as we could. After the meeting a dainty lunch was served, and everyone went away highly delighted with the evening, and also with the building.

Our nursing will be chiefly among the Indians. Their homes are unfit to nurse in, and therefore they have provided a hospital for them. Our first patient, an Indian woman, came in on September 25. Since then, up to the present (December 5), we have been kept busy. Our last patient left two weeks ago, but Miss Moore is on private duty, nursing the wife of the manager of the Hudson Bay store. They are rejoicing over the arrival of a baby girl. We take turns in nursing and housekeeping, for we thought we could manage nicely without help, and therefore save expense.

The Indians all suffer, more or less, from syphilis, but the strange part is they can't be made to see the cause. They also suffer, in a great many different ways, from tuberculosis, brought on by trying to live as the white people.

They are quite an intelligent class, yet are rather unsatisfactory. They are quick enough to imitate white people along different lines, especially vice, but it is quite a different and difficult task to teach them the wrong of it.

They have splendid opportunities in the way of hunting and trapping, but they do not take advantage of them. Occasionally they go out and shoot moose, mountain sheep or some wild fowl. They have no idea of the value of money. If they have it, they spend it freely. If they haven't, it doesn't worry them.

We get an Indian grant from the Government of a dollar a day for every Indian patient. We also charge them, but whether they will all pay remains to be seen. They are similar to the white people. They could pay if they would—at least, the majority of them.

We also get a Government grant of thirty dollars a month for the telegraph linemen, which we receive whether we have a patient or not. They have the only ward on the lower floor, but it has been unoccupied so far.

Altogether, we have had six Indian patients, with a few others coming in for treatments and dressings, but I think, in future, the doctor will do them at his office.

I fear I have already tried your patience by writing such a lengthy letter, and one which will give you very little idea of the place and work after all.

Although this letter will be late for the Xmas holidays, yet we both join in wishing all the readers of *The Canadian Nurse* a very joyous Xmas and Happy New Year.

THE SCHOOL NURSE.

The School Nurses of Toronto have considered the question of uniting the Public School Nurses of Canada for mutual help and co-operation, and for this purpose have organized "The Canadian Public School Nurses' Association." It is earnestly hoped that all Public School Nurses will be interested, and will become members. Further particulars will be given in next number.

The following nurses are taking the post-graduate course of one month in Public School Nursing:—Miss Ida M. Boyce, Miami Valley Hospital, Dayton, Ohio; Miss E. M. Paul, Smith Infirmary, Staten Island, New York; Miss E. M. Macallum, St. Luke's Hospital, Chicago; Miss B. Gilchrist, Victoria Hospital, London, Ont.

Miss Gilchrist has been appointed School Nurse in London, Ont., and is taking this course to fit herself to organize the work there.

Miss Boyce, from the viewpoint of an onlooker, speaks thus:—"There are so many ailments among the school children that I have wondered what the end would have been if medical inspection had not been adopted. It may be that conditions are exaggerated by the influx of foreigners. The system is good. The nurse must be keenly observant always, and soon learns to report in concise form all cases of suffering or deficiency, which are referred to the doctor for diagnosis. The nurse reports these conditions to the parents with the object of ascertaining if anything has been done for the child, and, if not, to try to secure for him the attention he needs.

"I was much impressed by the rapidity with which the nurse makes her inspections and notes defects; also by the anxiety of the children to assist the nurse. The heads of the department may feel discouraged at times, but when we look over records and note results, I think they should feel glad.

"My last impression is that the benefits of medical inspection will not be apparent for some time, but the system tends to give the city men and women of a better class, both mentally and physically.

Another Nurse writes:—

"That an entire family of seven should be so poorly clad as to prevent them attending school during the severe weather seems incredible in a city like Toronto, but such is the condition of affairs in a home in the North End, visited recently by one of the school nurses. Of these seven children, five are of school age, and when the mother, armed with credentials from the nurse, visited the city relief office for the necessary clothing, she wore her husband's old overcoat, her bare feet thrust into a pair of men's boots. Yet this is only one of many such to be found in that part of our city known as 'Shacktown.' The father of this family, though willing, was unable to get more than two or three hours' work each day."

The British Journal of Nursing says:—"The School Nurse has come to stay. If school nursing is to be the force for good in the development of a higher standard of hygiene in the schools, and in the lives of the children, which it is confidently hoped it will be, then the nurses engaged in this important work must be picked women, skilled and experienced as nurses, tact-

ful and broad-minded, as all pioneers in a new branch of work must be if they are to break down prejudices and overcome the obstacles always met with in the path of progress. There are exceptional opportunities of usefulness before the School Nurse, and the standard of national health may be raised through her agency."

SHOCK.

"Shock is a sudden depression of the vital powers arising from an injury or a profound emotion acting on the nerve centres and inducing exhaustion or inhibition of the vaso-motor mechanism." . . . In shock the abdominal veins are greatly distended and the other veins of the body may be over-full; the arteries contain less blood than normal, and an insufficient amount of blood is sent to the heart and to the vital centres in the brain. In other words, in shock there is a deficiency in the circulating blood. . . . Shock may be light and transient, or it may be severe and prolonged, and it may even produce almost instant death. . . . Shock is more severe in women than in men, and in the nervous and sanguine than in the lymphatic, in those weakened by suffering than in those who are strangers to illness.

The treatment of shock is simple and mostly passive. Be careful to do nothing which can add to the existing shock.

In moving a patient, be gentle with him. Do not permit a broken bone to gouge into the flesh and nerves and blood vessels needlessly.

Keep him quiet on his back, with head low.

Apply artificial heat.

Give morphine hypodermically for the relief of pain and to quiet the mental agitation. The hyoscine-morphine combination is best for this purpose.

Give strychnine (1-20 grain) to revive the heart action.

Give hypodermic or intravenous injections of saline solution to fill up the blood vessels. Atropine and ergotine will contract the smaller blood vessels. Adrenalin chloride will raise the blood pressure.—British Journal of Nursing.

Answers.—A nurse in charge of a large operating room writes: "I have had no experience with silkworm gut kept in 85 per cent. carbolic acid solution, but I certainly think any suture from such a solution would be most irritating. We sometimes keep ours in a 5 per cent. solution for a few days, but this is carefully rinsed off before the gut is used."

Please tell me the best method of changing mattress with patient in bed.

To turn and change the mattress while a patient is in bed, take off the spread and upper blanket. Fold the upper sheet and lower blanket back over the patient. Unfasten the lower sheets and roll them tightly till the rolls touch the patient on each side. Take hold of the rolls and lift the patient from the bed, while the mattress is being turned and replaced. Then let the patient down and tuck in the clothes. This is accomplished more readily and quickly by having three persons. Two will be required to lift the patient and a third to pull out the mattress.

If "Superintendent" will kindly send her address to the editor's office, some material will be forwarded directly to her. The address has been mislaid.

The Graduate Nurses' Association of Ontario—Proposed Bill.

Section 1 is omitted, owing to its length, but, in brief, it advises the appointment of fifteen representative nurses of the Province, who will form the first Council if the bill becomes law.

2. The objects of the Association shall be:—

(a) To promote and increase by all lawful ways and means the knowledge, skill and profession of its members in all things relating to the business or profession of nursing, and to that end to establish classes, lectures and examinations, and prescribe such tests of competency, fitness and moral character as may be thought expedient to qualify for admission to membership.

(b) To take, purchase, hold, sell and dispose of all and any goods, chattels, lands, tenements and hereditaments, and any real or personal property whatsoever, and any interest therein which may from time to time be necessary or convenient for the purposes of the Association; but the Association shall not engage in trade, or so deal in lands or any interest therein, but may receive, manage and invest voluntary contributions and donations, gifts or devices from members or others as a benevolent fund for the benefit of needy or non-prosperous members, or the families, including families of deceased members; provided always that the said Association shall only have power to acquire and hold such real estate as shall not at any one time exceed an annual value of \$10,000, and shall have and hold such real estate only so far as the same shall be necessary for the purposes of the said Association within Ontario.

(c) To acquire, by purchase or otherwise, and to print and publish, or cause to be printed and published, any newspapers, periodicals, books or leaflets that the Association may think desirable for the promotion of its objects.

(d) To borrow and raise money in such manner as the Association may think fit.

(e) To do all such other lawful things as are incidental or conducive to the attainment of the above objects.

3. An annual meeting shall be held for the election of the Council of the Association, and for such other business as may be brought before such meeting, at such time and place, and under such regulations and notices as by the By-Laws shall be determined; and in default of such election being held at the proper time, the existing Council shall continue to act until their successors shall be duly appointed.

4. (1) The Council of the Association shall consist of fifteen members, all of whom shall be graduate nurses, and all members of the Association, residing within the Province.

(2) Nominations of candidates for election to the Council must be in writing, signed by two members of the Association, and must be lodged with the secretary at least fourteen days before the date of the annual meeting.

(3) A voting paper containing the names, alphabetically arranged, of the persons nominated for election to the Council shall be sent by mail to each member in good standing at least ten days before the date of the annual meeting, and the Council shall be elected by means of such voting papers, whether the members voting be present at or absent from the annual meeting.

(4) All vacancies which may occur in the Council, by death or otherwise, in the interval between two annual meetings, may be filled by the Council.

5. The Council shall elect from among its number a President, two Vice-Presidents, a Secretary and a Treasurer (the same person being eligible for both the last-mentioned offices), and shall appoint a Registrar and such other officers as may be provided for by the By-Laws.

6. The Council may fix an entrance and annual fee or subscription to be paid by all members, and may vary the amount from time to time, and no member shall be personally liable for any debt of the Association beyond the amount of his unpaid fees or subscriptions, as aforesaid.

7. (1) The Association may make By-Laws for,—

(a) The administration, management and control of the property, business and other affairs of the Association.

(b) The conditions of membership in the Association.

(c) The election, appointment, functions, duties and remuneration of all officers, agents and servants of the Association.

(d) The appointment of Committees and their duties.

(e) The calling of meetings, regular or special, of the Association or of the Committee.

(f) The fixing of the necessary quorum and procedure in all things at such meetings.

(g) Generally for the carrying out of the objects and purposes of the Association.

(2) The Association may alter and vary any and all By-Laws from time to time, but no such By-Laws or any amendments thereto shall have force or effect until they shall have been approved at the annual meeting of the Association or at a special meeting called to consider the same.

(3) Any such By-Law shall be liable to be cancelled by an order of the Lieutenant-Governor in Council.

8. The Council shall have authority from time to time to prescribe a curriculum of studies to be pursued by the students, to determine the fitness and moral character of persons applying to be examined, to prescribe the subjects upon which candidates for certificates of competency shall be examined to fix standards of skill and competency, to establish a scale of fees to be paid by persons applying for examination, to appoint examiners, define their duties and fix their remuneration, and to make such rules and regulations (not contrary to the provisions of this Act or the By-Laws of the Association) in respect to examinations as may be expedient. The Council shall hold examinations at least once in each year.

9. The Association may establish lectures and classes of students in nursing and other kindred subjects, and may, subject to the approval of the Lieutenant-Governor in Council, make arrangements with any University, College, Hospital or Training School in Ontario for the attendance of students in nursing at such lectures or classes in any such University, College, Hospital or Training School as may come within the course of subjects prescribed by the rules, By-Laws and regulations of the Association, and may, subject as aforesaid, agree with any such University, College, Hospital or Training School for the use of any Library or Museum, or property belonging to or under the control of such Uni-

versity, College, Hospital or Training School, and may affiliate with any such University, College, Hospital or Training School, and may enter into all arrangements necessary for such end, upon such terms as may be agreed upon.

10. The head office of the Association shall be at the City of Toronto, in the Province of Ontario, but may be changed from time to time by By-Law of the Association to any other place in Ontario.

11. Every member of the Association shall have the right during the continuance of his membership to use the designation "Registered Nurse," and may use after his or her name the initials "R.N.," signifying "Registered Nurse."

12. (1) No person shall be entitled to take or use the designation of "Registered Nurse" or the initials "R.N.," either alone or in combination with any other words, or any name, title or description, implying that he or she is a Registered Nurse, or any name, title or initials or description, implying that he or she is a Registered Nurse, unless he or she is a member of the Association in good standing and registered as such. Any person using the name, title, initials or description contrary to the provisions of this section shall be liable on summary conviction to a fine not exceeding \$50 for each offence.

(2) Any sum or sums received from convictions and fines as aforesaid shall be paid immediately on the recovery thereof to the Treasurer of the Association.

(3) The Council may institute and assist in any prosecution under the provisions of this Act, and may use the funds in the treasury of the Association, in connection with such proceedings, or any person may institute any such prosecution, and the Council may allot such portion of the fine to such person as it may deem expedient.

13. (1) The Council shall cause to be kept by the Secretary or Registrar, a book or register, in which shall be entered in alphabetical order the names of all members in good standing; and those members only whose names are inscribed in the book or register aforesaid shall be deemed entitled to the privilege of membership in the Association; and such book or register shall at all times be subject to inspection by any person free of charge.

(2) Such register, or a copy of the same duly certified by the Secretary or Registrar, shall be prima facie evidence in all courts and before all persons that the persons therein specified are members of the Association in good standing, and the absence of the name of any person from such book shall be prima facie evidence that such person is not a member of the Association.

14. The Association may by By-Law provide for the suspension or expulsion, on complaint and after due enquiry, of any member for misconduct, or for violation of the rules or By-Laws of the Association.

15. Any member of the Association summoned to attend any court, civil or criminal, for the purpose of giving evidence in a professional capacity, or in consequence of professional services rendered by such member as a nurse, shall be paid for each day of attendance at such court, in addition to travelling expenses, the same witness fees as are payable to a duly qualified medical practitioner.

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Editorial

THE VISITING NURSE.

The public are gradually realizing the value of the work of the Visiting Nurse. Florence Nightingale told her followers to be, not sick nurses, but health nurses. The Visiting Nurse is doing much to carry out this injunction. Many times the instructions given by the Visiting Nurse and the cheery help given in carrying out these instructions, ward off illnesses to which the family, without this timely aid, would have fallen a prey. It is easier and much more economical to keep people well than to care for them when illness comes upon them. The same principle guides the corporation in employing the School Nurse.

The Chicago Record-Herald speaks thus editorially of the work of the Visiting Nurse Association of that city:

“Pointed recognition of a nobly beneficent work was given from a high official quarter when Health Commissioner Evans, in his address at the annual meeting of the Visiting Nurse Association, intimated that such methods were worthy of wider application, and predicted that similar agencies would come to be employed in social service by the Federal Government.

“The supersession of private initiative by governmental organization and action is generally slow in this country, but expressions of commendation, meanwhile, for the efforts of the well-known women connected with the association and for the spirit in which its work is carried forward cannot come amiss.

“The fifty and more nurses employed by the association are not only of great service among the poor in times of sudden domestic emergency. In cases of prolonged illness, where a regular physician can do little more than call and advise, they help to carry the patient through the siege. Furthermore, they bring with them a friendly and neighborly spirit which is especially felt and appreciated by aliens in their time of need. In the words of Dr. Evans, the association is assisting in producing better citizens by curing the ills of society—ills which are often no more of the body than of the mind.

“Not seldom the newcomer from abroad is distressed by a consciousness of indifference and neglect on the part of the society with which he has cast in his lot. If skilled care during illness, wise guidance in household economy and strong evidences of warm personal interest can alter his state of mind, associations like that of the visiting nurses are assuredly performing a great and necessary work.

NEW YORK STATE.

The annual report of the Inspector of Nurse Training Schools of New York State, given in *The American Journal of Nursing* for January, shows the advantages of registration. While much is yet to be accomplished, every mark of progress is cause for encouragement. Fewer failures at the State examination show an advance in standards of training. A marked increase

in the teaching staff of most of the training schools (50 per cent. of these assistants are Registered Nurses) shows that the training schools are endeavoring to measure up to the requirements of the State law. Another evidence of this is the fact that at least 20 per cent. of the schools have formed affiliations for those services in which their own institution was deficient. In a number of schools, the preliminary course has been established. These are strong arguments for registration, and will encourage all who are seeking registration to falter not in the work.

THE UNIVERSITY SETTLEMENT.

Splendid work is being done by the students of Toronto University, who have established the University Settlement, 467 Adelaide Street. The work can best be described by quoting *The Varsity*:—

Few undertakings launched by the students of Toronto University have so completely justified their existence as the University Settlement. The settlement is scarcely six months old, yet it has already made its influence felt in the neighborhood where it is situated. More important than that, it has demonstrated the wide opportunity that lies before it for the future.

“Our work up to the present time,” explained the secretary, “has been mainly to become acquainted with the people of the locality, to show them the sincerity of our desire to help them; in short, to win their confidence. This has been of necessity a gradual process. We have been anxious to lay good foundations on which to build in the future, rather than to make a big showing which might mean little in the long run.”

The community is composed for the most part of large families of laboring people, seventy per cent. of whom are foreigners. Most of them pay high rent for their houses, though poorly off. The physical, social and educational facilities offered through the settlement can mean much to them. There is no directly religious work carried on by the settlement. It encourages those with whom it comes in contact to attend some church, but there are no religious meetings. So the settlement is in no sense a “mission.”

About eighty boys, ranging in age from twelve to twenty, are enrolled in the settlement. A nominal membership fee (twenty-five cents for the older boys, ten cents for the younger) is charged, with a view to inculcating a spirit of independence and responsibility. The rooms of the settlement are open to these boys in the evenings, and about thirty-five university students and graduates are at present engaged in superintending the various gymnasium, educational and other classes.

Ten of the boys are now enrolled in educational classes, which are divided into two grades. Instruction is given in such subjects as bookkeeping, arithmetic and English. Sixteen of the boys have organized a class in carpentering, and as a proof of their skill have constructed lockers for the shower-bath room. Newspapers and magazines are provided, and the nucleus of a fine library has been formed. One hundred and thirteen books have been donated by the Toronto Public Library, and 200 more by the pupils of the university schools. The clubroom is supplied with a piano, and musical

talent is being brought out. Plans are being made to have a series of concerts, and four students have volunteered to organize amateur theatricals.

Educational classes for foreigners who wish to learn English have been formed, and are proving very popular and securing very encouraging results.

In connection with the settlement is a free dispensary. A doctor and one or two medical students are on duty each evening from 7.30 to 8.30 to attend to any patient who may apply for medicine or treatment. Fifty cases have been looked after so far. Six doctors have given their time voluntarily to the work, the dispensary being under the general supervision of Dr. W. B. Hendry.

THE TORONTO CENTRAL REGISTRY.

In the matter of the higher and more efficient training of the nurse, a great many influences are at work to emphasize its need and ensure its inauguration. The different Nurses' Associations give a good deal of attention to the subject, and do much to create a proper public feeling in this regard, but much remains yet to be done if the desired haven is to be reached—uniformity in the training of nurses.

The Central Registry of Graduate Nurses of Toronto has done good work along this line. While a number of schools had already formed affiliations to complete the training of their pupils, several others found it necessary to do so if their graduates were to enjoy the privileges of membership. Still another step in advance is now reported. The clause permitting those who had training only in some special branch, to register for their specialty, has been eliminated, and one standard is now required of all—at least two years' training in a general hospital. This seems right, especially when viewed in the light of what others are doing. In Australia, where a scheme (a splendid one, too) of voluntary registration is in operation, the standard calls for an all-round general training. They have now instituted a Register for Nurses who wish to specialize, but no nurse is allowed to have her name entered on this register who has not first had her name entered on the General Register. Every step along the line of progress is an encouragement to the profession to persevere always towards the realization of its ideals.

ROYAL RECOGNITION FOR NURSES.

On Wednesday, the 26th ult., the King and Queen received at Marlborough House Miss Clara Nelson Smith, Matron of the Nursing Home, 15 Welbeck St. W., in which the late Prince Francis of Teck was operated upon, and thanked her for all she had done. His Majesty bestowed upon her the Royal Victorian medal. The Queen has presented brooches to all the nurses who were in attendance on her brother at the home. The brooches are of dark blue or green enamel, surmounted by a Royal Crown inscribed with the initials "G. and M."—British Journal of Nursing.

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The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.

The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec. Miss E. Ross Greene, 418 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

OFFICERS OF THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay, 649 Church Street.

First Vice-President—Miss Ellis, General Hospital.

Second Vice-President—Mrs. H. Richie.

Corresponding Secretary—Mrs. Aubin, care of J. W. Flavell, Esq., Queen's Park.

Recording Secretary—Miss Janet Neilson, 295 Carlton Street.

Treasurer—Mrs. Pellatt, 7 Wells St.

Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Committees:

Sick Visiting—Miss Brereton.

• Registration—Miss Bella Crosby.

Programme—Miss M. E. Christie.

Social and Lookout—Miss Kilgour.

Press and Publication—Miss Julia Stewart.

Central Registry—Miss Kate Snodgrass, Miss H. B. Fralick.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers of the Alumnae Association of the Hospital for Sick Children Training School for Nurses, Toronto:

Hon. President—Miss Brent.

President—Miss Lina Rogers, 33 Major St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 664 Ontario St.

Corresponding Secretary—Miss B. Goodall, 666 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Macpherson Ave.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee—Miss Ewing, 569 Bathurst St.

Convener of Sick Visiting Committee—Miss G. Gowans, 5 Dupont St.

Press Representative—Mrs. H. E. Clutterbuck, 148 Grace St.

Canadian Nurse—Miss M. Barnard, 608 Church St.

Invalid Cooking—Miss Mary Gray, 505 Sherbourne St.

Central Registry—Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss De Vellin, 505 Sherbourne Street.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen, 71 Grenville Street.

Treasurer—Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publication Committee—Miss Smith, 9 Pembroke Street.

Regular meeting, second Tuesday, 3p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Power, 9 Pembroke St.

First Vice-President—Miss O'Connor, St. Michael's Hospital.

Second Vice-President—Miss Ryan, 491 Broadview Ave.

Secretary—Miss O'Meara, 9 Pembroke St.

Treasurer—Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Sec.-Treas. Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmett, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING STAFF.

War Office, London. S.W., January 16, 1911.

The following lady has received an appointment as Staff Nurse:—Miss M. M. Roberts.

Transfers to Stations Abroad.

Matrons.

Miss E. A. Cox, to South Africa, from Connaught Hospital, Aldershot.

Promotions.

The under-mentioned Staff Nurses to be Sisters:—Miss A. C. Mowat, Miss M. L. Kaberry, E. H. BECKER, Matron-in-Chief, Q.A.I.M.N.S.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

*My soul will be a-dry before,
 But, after, it will thirst no more.*

LIFE WORTH LIVING.

To be happy, hopeful, buoyant, kind, loving from the depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows; moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure; not hasty in speech or action; sincere, candid and truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to nature's heart, and always relying upon Him I most earnestly strive to serve; keeping ever before me that exemplary life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life Worth Living."

—Louise M. J. Waddell.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

Of Gladness in Time of Sickness.

Can one be glad and of good cheer on the bed of sickness?

If one has learned in the days of health to live according to the words of Jesus: "Father, Thy Will be done," then in time of sickness one can suffer according to these same words, and say with good courage: "Father, Thy Will be done!" If one has learned in days of health to rejoice in God, one can rejoice in God even in days of sickness.

On Monday evening, January 30, there was given in St. Augustine's basement, a most interesting lecture for the nurses, by the Rev. C. A. Seager. It was on his trip across the continent to British Columbia, and a side trip on the new Columbia coast mission boat, Columbia II., which was launched last summer.

The lecture was illustrated by some very fine views of scenes along the C.P.R., pictures of Winnipeg, the great prairies, stretching for many miles, covered with grain; the foothills and the wonderful Rockies. Especially interesting were the views of that great city, Vancouver, the port of entry to our great Dominion from the Orient; the pictures of lumber camps and logging, the hospitals and the staunch little hospital boat. What a boon the mission boat has proved to the men employed in that isolated part of the country! And how some of them have lived to bless the day when the Rev. John Antle started his splendid work on the Pacific Coast!

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Miss Bella Crosby, 41 Rose Ave, Toronto; First Vice-President, Miss A. I. Robinson, Galt; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Lucy Bowling, 47 Metcalfe St., Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne St., Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss A. J. Scott, 11 Chicora Ave., Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 7 Wells St., Toronto; Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Mrs. Downey, 554 College St., Toronto; Miss Janet Neilson, 295 Carlton St., Toronto; Miss J. C. Wardell, 171 Delaware Ave., Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss M. L. Barnard, 608 Church St., Toronto; Miss Ewing, 569 Bathurst St., Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss Kennedy, 1 Lakeview Ave., Toronto; Miss Jamieson, 23 Woodlawn Ave., E., Toronto; Miss De Vellin, 505 Sherbourne St., Toronto. Conveners of Standing Committees—Legislation, Miss Mill Pellatt; Revision of Constitution and By-Laws, Miss M. J. Kennedy. Press and Publication, Miss Brent. Representatives to The Canadian Nurse Editorial Board, Miss A. J. Scott, Miss E. J. Jamieson. Representatives to Local Council of Women, Misses Neilson, Wardell, Irvine and Smith.

NOTICE.

The annual meeting of each of the three associations—The Association of Hospital Superintendents of Canada, the Society of Superintendents of Training Schools for Nurses, and the Graduate Nurses' Association of Ontario—will be held at Niagara Falls, Ont., on May 23, 24, 25, 1911. The Association of Hospital Superintendents of Canada will hold two sessions on May 23. and another on the morning of May 24. The Canadian Society of Superintendents of Training Schools will hold one session on the afternoon of May 24. and another on the morning of May 25. The Graduate Nurse's Association of Ontario will hold two sessions, afternoon and evening, on May 25. A joint meeting of the three association has been arranged for the evening of May 23.

The committee in charge of arrangements hopes to be able to announce special railroad rates. Full particulars will be given in the April number.

The secretary of the Canadian Society of Superintendents of Training Schools for Nurses requests that those superintendents who did not prepare books for last year will kindly do so this year, and those who took their books to further improve them will be sure to have them on exhibition this year. Any inquiries will be gladly answered by the secretary, Miss A. J. Scott, 11 Chicora Avenue, Toronto.

The treasurer of the G.N.A.O. has a list of members who are in arrears with fees, and will be glad to have this corrected. The executive regrets very much the continual loss of members in this way. The fee is not prohibitive, and we need the support of every nurse in Ontario.



LIVINGSTONE, LUNDBRECK AND COWLEY DISTRICT OF THE VICTORIAN ORDER OF NURSES—CHAIRMAN'S ANNUAL REPORT. 1910-1911.

The local supporters of the order and the retiring committee for this district may feel very well satisfied with the work done during the past year, and may congratulate themselves on being the means of putting nursing assistance within easy reach of so many so successfully.

During the year we have lost the services of Miss Macdonald, and I dare say that many will miss her cheerful personality; we all sympathize with her in her misfortune of falling seriously ill, from the effects of which, I believe, she is just recovering.

We may congratulate ourselves on having secured the services of Miss Pepper; she is well spoken of by all, and has given universal satisfaction, even in the most difficult cases.

I should like here also to commend the zealous attention to the work of some of the members of the committee, the secretary, Dr. Donald; the treasurer, Mr. J. Smith; Dr. Johnston, and especially Mr. W. E. Smith, who, considering the distance he has to come, has been most unselfish in his regular attendance to what is frequently a very uninteresting duty.

The work of the three Ladies' Committees of Livingstone, Cowley and Lundbreck has been most acceptable in supplying the sinews of war. Four dances have been organized at Livingstone, one at Gillingham, three at Lundbreck and one at Cowley, for this purpose, and a sale of work at Lundbreck; while the bachelors of the North Fork and some of the ranchers have also found means of raising funds for the order.

The treasurer's statement shows that the order is in a satisfactory position financially, although we shall need to persevere in our efforts in this direction, if things are to be as satisfactory in the present year.

January, 1911.

W. ROSSLYN SIMPSON, Chairman.

A post-graduate course in district nursing—four months—is given at one of the training centres of the order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The members of the C.N.A. enjoyed a rare treat in Dr. Maud Abbot's lecture on "Original Contributions of Women to Medical Science." We hope to have the lecture printed in *The Canadian Nurse* for the benefit of its readers. Several of Dr. Abbot's friends were present, as well as the nurses.

At the close of the lecture, Miss Colquhoun moved a vote of thanks to Dr. Abbot, saying: "We indeed feel indebted to Dr. Abbot, not only for her lecture to-night, but for her help in the past. I would like to take this opportunity in the name of the C.N.A. of congratulating Dr. Abbot on the great honor conferred upon her by McGill University in granting her the degree of M. D., *honoris causa*. She has the great honor of being the first woman graduate in the faculty of medicine of McGill. We feel that the honor was merited, for Dr. Abbot's work and worth are acknowledged in medical circles everywhere."

Miss Phillips, our president, presented this vote of thanks in a few well-chosen words. Refreshment were served, and a social half hour spent.

We extend our deepest sympathy to Mrs. Carlton on the death of her daughter, who was a graduate of Adelaide Hospital, London, England. She was a member of the Canadian Nurses' Association, but has been nursing in New York, where her death occurred. Miss Carlton was to have been married the second week in February.

Miss E. O. Dyson was married to Mr. Sim on January 25th, in Victoria, and leaves with her husband for Alaska some time this month. Miss Dyson was one of our former members, and has been Lady Superintendent of the Women's Hospital here; also of Kingston General Hospital. We wish her every happiness in her new home.

HOSPITALS AND NURSES

Miss E. J. Smith, R.V.H. (class of 1906), has been appointed Lady Superintendent of the Calgary General Hospital.

At the last meeting of the Alumnae Association of the Royal Victoria Hospital, held on the evening of January 10, Dr. Martin gave an interesting lecture on "The Nursing of Neurasthenia," touching on the Emmanuel movement, Christian Science, etc., and showing how the grain of truth in these various beliefs has been the cause of their success in the treatment of certain patients.

Unfortunately, the Graduate Nurses of British Columbia were unable to present their bill at the present session, but are planning to do so at the next session of the Legislature.

The annual report of the Graduate Nurses' Registry of the Vancouver Graduate Nurses' Association shows a total number of calls for the year ending December 31, 1910—551. Members registered, 132; of those, twenty have left the city, four have taken hospital positions; four married; one death; remaining, doing private nursing, 103.

Miss Thomas, graduate London Hospital, England, who has been doing private nursing in Vancouver, B.C., left on the first of February to take charge of the new hospital at Princeton, B.C.

Miss Campbell, graduate of the P.R.J. Hospital, has opened a Nurses' Home and Registry on McClure Street, Victoria, B.C. Miss Campbell is deservedly popular, and all her friends wish her every success.

The annual report of the City Hospital, Edmonton, shows that institution to be in a very satisfactory condition. The generosity of the people in supporting the hospital is commended, also the good work of the lady superintendent and her staff of nurses. The new hospital will be completed during the coming summer and will place the city in the forefront for hospital accommodation.

Three thousand pounds have been raised for the Florence Nightingale Fund in Liverpool. This has been handed over to the Liverpool Queen Victoria District Nursing Association to establish and maintain a Home for District Nurses, to be called "The Florence Nightingale Home."

The Canadian Pacific Railway is making careful provision for first aid to the injured by organizing branches of the St. John's Ambulance Society all along its route from Halifax to Vancouver. The efficiency of the Ambulance Corps at Calgary was demonstrated recently for the benefit of a number of visiting surgeons.

A meeting of the Lady Stanley Institute Alumnae Association, of Ottawa, was held on the 11th of January, when the following officers were elected:—President, Mrs. Ballantyne; First Vice-President, Miss Morgan; Second Vice-President, Miss Argue; Secretary-Treasurer, Mrs. I. G. Smith; Directors, Miss Noice, Miss McColl, Miss Dewar.

Miss Lauder, graduate R.V.H., Montreal, is on the staff of the Tranquill Sanatorium, Kamloops, B.C.

Miss E. MacKnight has accepted a position in the General Hospital, Phoenix, B.C.

How fortunate is Mrs. Barnhardt, District Nurse, of Moline, Illinois! She has an electric coupé provided for use in her work.

The many friends of Miss Alice Stark, graduate Guelph General Hospital, deeply sympathize with her in the death of her sister, which took place at her home in Durham County, January 1. Miss Stark is doing private work in New Westminster, B.C.

Mrs. J. H. Jordan, St. John, N.B., has presented to the Province her handsome home in River Glade, together with 500 acres of land. This magnificent gift is for the benefit of incipient tuberculosis patients, in whose welfare Mrs. Jordan is much interested.

At a meeting of the Graduate Nurses of Port Arthur and Fort William, held January 6, at St. Joseph's Hospital, the Thunder Bay Graduate Nurses' Association was organized, with the following officers:—President, Miss L. Regan, Superintendent of Training School, St. Joseph's Hospital, Port Arthur; Vice-President, Miss E. Davidson, Superintendent of McKellar Hospital, Fort William; Secretary-Treasurer, Miss Blackmore, Night Supervisor, McKellar Hospital, Fort William. Executive Committee—Miss Shaughnessy and Miss Code, Port Arthur; Miss Morreau and Miss Burwash, Fort William. All graduate nurses, in good standing, in each city are requested to become members.

Miss Marion Robertson, graduate R.V.H., class '10, has been appointed head nurse in the operating room of the Hospital for Sick Children, Toronto.

Miss Matheson, Lady Superintendent of the Tranquill Sanatorium, Kamloops, B.C., has resigned her position to return to her home in Qu'Appelle, Sask. Miss Isabel Stewart, graduate Winnipeg General Hospital, class '10, has been appointed to succeed Miss Matheson.

Miss K. Stewart, graduate Winnipeg General Hospital, has charge of the General Hospital, Fernie, B.C.

Miss Ingersol, formerly of St. Mary's, but late of Calgary, is one of the staff nurses in the General Hospital, Fernie.

Miss Thompson, who has been one of the staff nurses in the General Hospital, Fernie, has gone to Spokane, and will be one of the chief actors in a very interesting ceremony a few weeks hence.

Miss Mitchell has also left the staff of the General Hospital, Fernie, and will follow Miss Thompson's example. Both young ladies were faithful, efficient nurses, and we wish them every happiness.

Miss Wyatt, who is doing private nursing in Fernie, has just returned from Dr. Kelly's Sanatorium, Baltimore, whither she had taken her patient. Dr. Kelly congratulated doctor and nurse on the condition in which he received the patient.

An Emergency Hospital has been opened in Ottawa to assist in coping with the typhoid epidemic, which has reached alarming proportions.

Mrs. Reid, graduate of New York City Hospital, has been appointed dietitian at Toronto General Hospital. The establishment of this department fills a long-felt want. Miss Stewart, Lady Superintendent, has kindly arranged that graduates of the hospital may avail themselves of the advantages of this course.

The regular meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses was held in the nurses' residence on Friday, February 3. Miss Ellis, First Vice-President, presided. After the disposal of routine business, there was some discussion re change of some articles in Constitution and By-Laws, and a committee was appointed to revise these and report to the secretary, so that notice of proposed changes might be given in time for next meeting.

Miss M. J. Kennedy, President of the Florence Nightingale Association of Toronto, has gone to Victoria, B.C., to work under the Victorian Order.

Miss Catherine Lawrence, late Superintendent of the General Hospital, Sarnia, Ont., has been appointed Superintendent of the Saratoga Hospital, Saratoga Springs, N.Y.

Miss Nan Aitken, Superintendent of the Rutland Hospital, Rutland, Vermont, who was operated on in December for gallstones at the General Hospital, Montreal, by Dr. George Armstrong, is recovering, and will spend the rest of the winter at Camden, South Carolina. During her absence, her place is being taken by her sister, Mrs. Walker (Rahno Aitken).

The Alumnae Association of the Royal Victoria Hospital held the Annual Meeting in the Nurses' Home on Wednesday, October 19th, at 8 p.m. After reading of the minutes and reports from Secretaries and Treasurer, an interesting address was given by the President, Miss Grant. The election of officers resulted in the re-election of all those now in office, who kindly consented to continue their work, excepting the office of Corresponding Secretary, left vacant by the departure of Miss Cooper from Canada to take up her residence in England. Miss Clint was elected to fill the position. After some talk of ways and means of keeping up the interest of the graduates at a distance in the Association, refreshments were served in the sitting room. We hope to have many interesting and instructive meetings during the year.

The annual Christmas tree and dance at Victoria Hospital, London, Ont., took place December 23rd, afternoon and evening. The most important part of the programme, to the children especially, was the appearance of Santa Claus. Dr. Bell, former house surgeon, acted as "Santa Claus," and distributed large numbers of presents to the children and their friends. There were forty little ones in attendance. Later in the evening a dance was held in the dining room of the Nurses' Home. The guests were received in the reception room by Chairman and Mrs. Judd, Miss Stanley, Lady Superintendent, Mr. S. Sereator and Superintendent Heard. The evening proved to be one of the most enjoyable of the season. Music was furnished during the afternoon and evening by Tony Cortese's orchestra.

Miss Doherty, Boston City Hospital, has left to fill a position in Oshawa Hospital.

Born—At New York, on October 31st, to Mr. and Mrs. Louis Crowley, a son (John Thomas), Mrs. Crowley (nee Trotter), is a graduate of G. & M. Hospital, St. Catharines.

(Continued from page 114)

16. Nothing in this Act shall affect or interfere with the right of any person, not a member of the Association, from nursing, who does not in any way assume or pretend to be a Registered Nurse.

GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Special General Meeting, Held December 30, 1910.

The meeting was called to order by the President, and the usual Nurses' Prayer was offered.

Miss Crosby: Now, ladies, you know that this is a special gathering for the consideration of legislation and necessary steps towards legislation. We will dispense with the minutes or any roll call, and just enter into the discussion of the subject before us to-day. I don't think, in this holiday season, that you will want to take any more time than is absolutely necessary for the consideration of the subject in hand, and I think you will all agree that it is one of the most important subjects that we, as a profession, have to consider.

The Graduate Nurses' Association has been in existence for some little time, and the object of that association is to place the profession on a better basis and to secure legislation for that end. Ever since our meeting last May we have, in the Executive Committee, been considering legislation. We could not, of course, decide whether we should go forward this year or not, but we felt the time had come for something to be done. The committee discussed and rediscussed the question, and the decision was reached that we should secure the services of a good lawyer, place before him what we desired, and ask him to draft a bill for us. We did so, and then we felt we had come to the place where we must have the voice of the association to decide what should be the next step. The Executive thought that it would be well for me, as President, to visit as many of the associations in the intervals as possible, and get them to voice their ideas about registration and legislation. In accordance with their expressed wish, I visited quite a number of the associations. In every instance there was a good gathering of nurses, and all seemed interested in the subject. Of course, only a very few expressed themselves in the meetings, but of these, all were anxious that some steps should be taken to secure legislation. Now, I would be very glad if the nurses here would take an interest in this subject and voice here the ideas of the associations that you represent. I know we have representations from some of the distant cities. I am sorry we have not representatives from all the different Nurses' Associations in the Province. I think at a meeting like this we should have.

We have Mr. Ludwig with us to-day, and he has drafted a bill for us, and will explain it to you, and you will then understand his point of view. I think you will fall into line and agree that the proposed draft, as he has arranged it, will probably meet our wants a great deal better than the bill which raised for us such a great deal of opposition, and was withdrawn.

Now, if we are going to do any work that will tell in the building up of our profession, we must give our best thought to the subject. We must have high ideals, and try to get a vision of what we can accomplish as members of a profession, as responsible women. We are going to make the profession mean

something, and not have so many things said about it that are to our discredit—that we are not found always ready to respond to the call of duty.

I am going to ask Mrs. Pellatt to give you the report of the Legislation Committee, of which she is convener. That will tell you what we have done since the convention in May. Then Mr. Ludwig will explain to you the proposed bill. (Applause.)

Mrs. Pellatt: Your committee beg leave to report that, having been given authority by the Executive Committee to make preparations toward obtaining a Registration Bill, we wrote to all the secretaries of the State Boards of Registration, asking them for copies of their bills, and also for comments upon the weak and strong points, together with reports of the operation of the laws in the different States. The answers received were very satisfactory. We had heard criticisms as to the bills not working as well as had been expected, but the replies did not seem to warrant such statement. After obtaining the information, we interviewed Mr. Ludwig, K.C., of Ritchie, Ludwig & Ballantyne, a firm that has done much of that class of work, and since then we have worked under his advice, as, owing to the amount of controversy aroused over our last bill, we felt we did not wish to antagonize any of the legislators. Mr. Ludwig will himself explain the bill which he has drafted. In order to obtain funds for the work, we got out a Florence Nightingale calendar and post card, both of which have sold well.

Miss Crosby: Now you have some idea of the work of the Executive in the meantime, and Mr. Ludwig will take up with you and explain the draft of the proposed bill which he has prepared. Mr. Ludwig has done a great deal of constructive work in his own profession, and I think he is the one to help us to do this work in our profession. I am sure we will listen to his explanation with intense interest.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Proposed Bill.*

Miss President and Ladies:—

After hearing your President's introduction of this subject, I can see no reason why you should wish me to explain your proposed bill. It is the first time I have ever had the privilege of hearing a lady express herself so clearly as she has. (Applause.)

I have had a number of interviews with Miss Crosby, with Mrs. Pellatt, and with some of the other members of our Association, with a view of arriving at some plan by means of which you should be able to establish for yourselves an Association which will, perhaps, give you better recognition in your profession throughout this Province.

It would seem that whenever anyone applies for a private bill, one is almost certain to meet with opposition. I believe if a man offered to put up an institution for the blind, to equip it, and to run it, and applied for legislative recognition, he would meet with opposition.

You, as an Association, are seeking the right to use a certain name or form of letters indicating that you are qualified graduate nurses. That is the sub-

* Address by M. H. Ludwig, LL.B., K.C., to the Graduate Nurses' Association of Ontario, Dec. 30, 1910.

stance of what I understand you want. If the public thoroughly understood what your aims are, I believe you would not meet with very much opposition to your proposed Bill.

I suppose there are persons who think they should be allowed to practice medicine or one of the other professions without special training, although I suppose it will not be disputed by any person that a special training is desirable to properly qualify to practice any profession.

Your proposed bill does not prevent any person from nursing who wishes to nurse. It simply provides, among other things, that no person shall have the right to use the letters or degree you intend to adopt as evidence that you are trained and qualified according to the standard of your association. I would suggest that the letters indicating the degree should be "R.N." (Registered Nurse), and not "R.N.O." (Registered Nurse of Ontario).

There is no reason why any person should not be allowed to nurse so long as such person does not use a degree indicating that such nurse possesses the training and qualifications required as a standard of admission into your Association, and in that way pretending that she is qualified to do a certain class of work when she is not, and in that sense misleading the public. The public should be protected.

If a student has taken a course of studies in one of our universities and has passed certain examinations, he is granted a degree, "M.D.," "B.A.," "LL.B.," etc., etc., as the case may be. His diploma or degree is some evidence to those desiring his services of his fitness for the work for which he offers himself.

I think it would be advisable, as I have said, to designate a graduate or member of your association simply as a "Registered Nurse," and not as a "Registered Nurse of Ontario." Graduates of our universities receive their degrees simply as, say "Bachelors of Medicine," not "Bachelors of Medicine for Ontario." I believe it is not customary to name the Province or State in which the degree was granted. A nurse's degree in New York State, I understand, is simply "R.N.," or "Registered Nurse." Similar letters are, I believe, used in other States.

Your aim in procuring this bill, as I understand it, is to procure an association with power to grant a degree evidencing your fitness for the work which you claim you have been trained to do. Your degree will be a guarantee to the public that you are really qualified to do the work which you say you can do. It is a hall mark, as silversmiths say; some evidence of your qualification as a nurse; evidence that you are not an imposter, but a really trained, qualified nurse. Let the public know that, and you should have no trouble in getting your Bill.

Your Bill, roughly speaking, must deal with two matters: It must incorporate you as an association and give you an existence as a corporation apart from the members.

The bill must also give you certain other powers. The association must have power to hold land on which to put up a building should it desire to do so, and must have power to do certain other things, as, for instance, to establish a school; to adopt means for training nurses; to admit nurses who have graduated from certain recognized institutions or are already qualified nurses.

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After the charter is granted, it will be necessary to appoint your first members of the Association. These first members will define the conditions upon which graduate nurses are to be admitted, with or without examination. I mean the first members of the Association. I suppose, to get started, nurses will be admitted without any special examination. Then, after your first membership list is complete, you can, as circumstances will warrant, raise the standard of qualification for admission of nurses thereafter.

Dealing now with the proposed Bill (Reads Sec. 2, subsections (a), (b), (c), (d) and (e)].

You can hardly expect to do all that these subsections call for at one time, but you can start. You see subsection (b), among other things, says that you shall have the right to establish classes. It may not be possible or advisable to establish classes immediately, but you should have the power, when you come to that, to do so. The same applies to the right to give lectures, and deal with the other matters mentioned in this subsection. As you grow, you may deem it advisable to retain some of your nurses for the sole purpose of delivering lectures to other nurses, or throughout the country to the people, on subjects relating to nurses and nursing. You may want to raise funds for your institution, and if you can show the people that you are doing good work, you will find it easy enough to get along.

Then the section also deals with tests in regard to the competency of nurses. I understand in your last Bill you proposed to set out in the Bill what should be the tests of competency for a degree. I think that should be left to your Council. I will refer to this later.

Next, you should have power not only to hold examinations, but also to hold land. By that I mean power to buy a piece of land if you want to, on which to erect a building. Your Association must have a head office, so to speak; a home, some central point, some place which will be the headquarters of your Association. Not only that, it will be necessary to have someone in charge of your records and books, some permanent secretary, so that anyone desiring information regarding a nurse claiming to be a member of your Association will know where to obtain reliable information in respect of such nurse.

An applicant for a nurse (who claims to be a graduate from your Association) should be able to communicate with headquarters and verify the statement of such nurse that she is a graduate of your Association.

So you will see it will be necessary that the Association should have power to buy or lease a place for its office, where its records are kept, and which would be a sort of bureau of information. You could start with a small office at a nominal rental, until your funds would warrant securing larger premises.

You should also have power to receive gifts and donations. All the powers that you need must be given in the Bill itself. You can only take and do such acts and things as the Bill permits. You will observe there is a provision in subsection (b) that limits the annual value of lands which you may hold. It is usual to place some such limit in the Bill.

Then you should also have power to disseminate amongst the members of the association, and amongst the public, literature dealing with matters of interest to members, to nurses and to others. The association should publish a magazine. That means a permanent secretary will be required, whose duty

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it will be to keep the books and records of the Association, and perhaps to take charge of the distribution of the magazine. The magazine could serve many useful purposes by dealing with subjects connected with the different branches of your work, and in many other ways. These are some of the reasons why subsection (c) should be in your Bill.

Now, having explained the powers as outlined in section 2, the Bill should provide for other matters. These are stated in section 4, subsections (1), (2), (3) and (4).

Subsection (1) defines the Constitution of the Council. The Council shall consist of fifteen members. That is large enough. Usually, the smaller the Council the more effective the work. The Council should be chosen from nurses spread pretty well over the Province. Let all members feel that they have an interest, and are properly represented in the association. Always select members who you think will take an active part in the work of the Association, and who will attend the meetings of the Council.

The first members of the Association will, I suppose, be admitted almost by common consent. Having formed your membership, it is from these members your Council will be selected.

Subsection (2) of section 4 deals with the manner in which nominations for members of the Council are to be made. The method of nomination provided in this subsection is, I think, preferable to having the nominations made at the meeting, because it is rarely the case that all members of an Association can be present at an annual meeting. Every member should have a right of nomination and a right to vote, whether present at the meeting or not.

Subsection (4) deals with vacancies which may occur during any year caused by death or by reason of a member leaving the Province or for other reasons. There must be the right of the remaining members of Council to fill vacancies occurring during any year to avoid delay.

Section 5 needs no explanation.

It should be left to the Council to fix the entrance and other fees of the association, and I fancy it will be advisable not to make the fee too high, and yet it must be high enough to provide a reasonable revenue. Section 6 of the Bill deals with this matter.

Then follows the provision of the bill regarding the by-laws to be enacted by the Association. Every association lay down certain rules and regulations to govern its procedure, its powers, and the rights, privileges and duties of its members. These rules and regulations are usually termed "By-Laws."

The By-Laws must necessarily deal with the matters mentioned in subsections (a), (b), (c), (d), (e), (f) and (g), of section 7, that is to say, with the administration, management and control of the property and affairs of the association, and with the other matters mentioned in these subsections—with the conditions of membership, with the qualifications of nurses to have the right to call themselves "Registered Nurses," and with the other matters mentioned in these subsections. The conditions should not be very onerous at the beginning. They should be of such a character as to admit of easy compliance.

At the outset, probably, the only paid officer will be a secretary and treasurer. Probably one person will hold both offices. The By-Laws will also,

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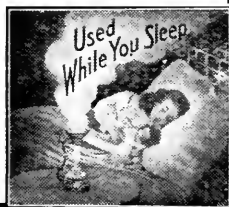
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among other things, provide for the calling of meetings, for the fixing of a quorum, and generally for carrying out the objects of the Association. They should, of course, provide that the By-Laws may be altered or amended as exigencies may arise.

The next section (section 8) deals with the curriculum of studies. There must, of course, be a curriculum. The Council should have power to appoint examiners. That is an important matter. There should be an examination at least once a year.

There should be power to change your curriculum of studies as circumstances require.

Section 9 is a long clause. It simply means this: If at any time the Association desires to connect itself with one of our well-known educational institutions for training purposes, for lectures, or examinations, it will have power to do that, and the association should also have power to take advantage of the libraries, museums, etc., on satisfactory terms, of our educational institutions. In time it may be deemed advisable and possible to affiliate with one of our Universities.

I have already said the Association must have a home. Section 10 fixes the head office in Toronto, subject to the right to change same, as provided in said section.

Now (reads section 11), one of the principal aims of the bill is, of course, section 11. A member of the association will have the exclusive right to use the designation or degree "Registered Nurse," or the letters "R.N." A degree from an educational institution confers distinction upon its holder, according to the standard of educational qualification required by the institution granting the degree. The degree "R.N." from the State Board of New York, and from some other States Boards, judging from the requirements for the degree, are not a mere empty honor, and the Council of your Association will, of course, see to it that degrees granted by the Ontario Nurses' Association will carry with them merit and distinction. You will observe section 11 gives the right to use the degree "Registered Nurse," or the letters "R.N.," to members of your association only; and that brings me back again to the point I made earlier in this discussion, that the Association must have some headquarters where anyone desiring information regarding a nurse may speedily and readily obtain such information. The records will show whether a nurse is a member of the association or not, and whether such nurse is entitled to the degree "Registered Nurse."

Section 12 needs no explanation.

Section 13 is self-explanatory.

Section 14 deals with the power to suspend or expel a member of the Association after due enquiry.

Section 15 deals with witness fees to nurses. Nurses are frequently called upon to give evidence, and for such services should be properly paid. As the law stands at present, a nurse is obliged to attend court and give evidence upon payment to her of the large sum of \$1 for every day's attendance, if she lives in Toronto, or \$1.25 a day if she lives elsewhere. She would, of course, also be paid actual travelling expenses (but not in a Pullman). I can see no

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reason why a nurse should not receive the same witness fees as paid to some others professional witnesses, namely, \$4 a day.

Section 16 makes it clear that any person can act as a nurse without being a member of the Association, so long as such nurse does not use the degree "Registered Nurse" or the initials "R.N."

You can hardly imagine a less objectionable or a more meritorious Bill than this. To put it into effect will require much time and attention by the members of the Council and others. It will not be easy work to get the Association running smoothly. It will not be a money-making scheme, but I am sure the services rendered the Association by the members will be rewarded by the gratifying results attained.

I have given you a rough outline of what this Bill means. I have gone over it at some length. You have been very patient. I hope I have succeeded in making myself understood.

Miss Crosby: You have all heard Mr. Ludwig's explanation of the Bill as he drafted it. You have now an opportunity of advancing any questions and discussing any point. A number of objections were mentioned to me by different nurses from time to time. One was that the Bill does not lay down any curriculum. Mr. Ludwig has clearly outlined the reason why that would be unwise. Another was that the fee should be named in the Bill. Mr. Ludwig has explained the reason why it should not be named in the Bill. It may be deemed advisable to change the fee. If the fee is fixed by the Bill, it cannot be changed by the Council.

Now, every nurse should take some part in this discussion. Will the members please feel perfectly free to express their opinions.

Mr. Ludwig: It will be a good plan to put the objectors on the Council, then you will get your fee and everything else right.

You will start with some fee, say \$1. The smaller the fee to start with the better, but it may be necessary to reduce or to increase it, or to make some nominal assessment. If you fix the fee in the Bill, it is fixed forever. If the Bill says your fee shall be \$1, that cannot be changed, no matter how desirable or advisable it would be to change it.

Now, as to the curriculum, you would have great difficulty in outlining a curriculum in the Bill which would serve your purpose now and years hereafter. This is a progressive age. If you do not keep up with it, you will soon be a back number.

Every science is making rapid progress. If the Association is not given power to make changes in its course of studies, and to add subjects for examinations, I believe it would be unwise for you to start at all. In a few years you would be out of fashion. You would be wearing a Merry Widow hat when you should be wearing a toque.

One more thought: The moment you are afraid to give your Council power to deal with the course of studies and the other matters mentioned in section 8, that moment you have no confidence in your Council. In such case it will be for you to see to it that you get a Council that is representative and in which you have confidence. If the Council does not fill the bill, there is a clause in the bill that gives you power to send in your ballot and replace the members by others who will be acceptable to the members of the Association.

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Our co-operation seems to have been appreciated, for which we give thanks.

SCOTLAND.

The Lord Provost presided and Lord Ampthill spoke at the last graduation exercises in the Edinburgh Royal Infirmary.

Lord Ampthill said nurses' work was essentially women's work, and, highly organized as it was now, he was not quite sure that nurses did not require some of those qualities which used to be thought only essential to the occupations of men—courage, fortitude, endurance and self-sacrifice. Nursing was a noble and inspiring profession. Nurses owed a duty to their profession. Each owed a duty to all the rest. When they finished their training they went out into the world, and many of them would find themselves in positions of considerable independence, and they might forget that they belonged to a great calling. In these circumstances the nurse's position was like that of a sentry or the look-out man in the bows of a ship, upon whom the safety and welfare of their fellows depended. It seemed to him that the nursing profession required still further organizing. They needed the protection of the law in the same way that other professions needed that protection. Every one of them was naturally anxious that nothing should be done to discredit it, and the only way to preserve the honor of any profession was to ensure that none but those who were worthy should be able to call themselves of it. That was the first thing. Secondly, they had very properly a feeling of self-interest. They wished to preserve to themselves the privileges which they had earned by their hard work, self-sacrifice, and devotion, and as public-spirited members of the community they were anxious that the public should not be in any way deceived or misled by people who called themselves fully-trained nurses, but had not taken the trouble to acquire the qualifications. All these things could only be secured if they got the sanction and protection of the law of the land. Why should they not have registration if registration was accorded to midwives? Midwives had to get far less training than nurses, and, generally speaking, they were women of lesser intellectual attainments and of lower social standing. They were told that nurses did not require to be registered by the State because they could not register character, and that the only qualification that was required for a good nurse was a pleasing character. The ladies who had been working so hard for the prizes he had presented knew better than that. They knew that efficiency in their profession was not simply a matter of character, and that there was a great deal which they had to learn. He asked them to think over that question, and to remember that as members of a noble calling each owed a duty to herself and to one another. They should make themselves thoroughly acquainted with it and make up their minds whether they thought it necessary or not necessary. If they left it to others to settle for them, he thought they would be failing in their duty as members of their profession, and as associates in a great calling.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, APRIL, 1911

No. 4

REGISTRATION FOR NURSES.

The State Registration for Nurses is so just a measure in itself, and fraught with such obvious advantages to the public, that it should only be a matter of time before it is established everywhere. A more fair-minded and distinctly unselfish measure never came under the heading of class legislation, if, indeed, anything so public-spirited deserves to come under that heading at all.

Wherever and whenever the subject of Registration comes up among nurses, they bethink themselves immediately of that nearest, that most parallel case to their own—"the brother profession." "There's such dignity doth hedge a King." That may or may not be true in these democratic days, but certainly there is a very real dignity hedging the Medical Profession, and some very solid powers invested in the Medical Board of British Columbia, by virtue of a Bill pushed through the House. Naturally we feel that our calling, equally as self-abnegatory, equally as indispensable, equally a Profession, deserves equal consideration at the hands of the Legislature.

Its dignity is intrinsic, but nevertheless that dignity should be protected from the base and unscrupulous, the ignorant and the incompetent, by law. We must secure legal powers, as the doctors and dentists, the lawyers and the veterinary surgeons have secured powers, but with the important difference that we demand only to draw a sharp line of demarcation between the trained and the untrained nurse, and to discipline such black sheep as may show up in our ranks. The "brother" and other Professions prosecute the unqualified, for practising and for accepting fees for the advice and attention given; we, on the contrary, do not propose to interfere with any unqualified nurse making her fortune if she can, by attending the sick, only we will prevent her disguising herself as a fully qualified graduate to do it.

We will raise and keep raised the standard of our profession, but the financial end must take care of itself. Such a fair and honourable basis for our Act ought to ensure its speedy passing into law, but since the success of a cause does not always depend upon its justice, it behooves us all to work hard if we are to win.

Vancouver, B.C.

RENE NORCROSS.

BRITISH COLUMBIA.

In British Columbia a draft of a proposed Act of Registration has been drawn up by the Vancouver Graduate Nurses' Association to go before the House at the next meeting of the Legislature. It is purposed to organize a Provincial Graduate Nurses' Association of British Columbia, so that throughout the Province work may be done to insure the successful passing of this Act.

The Act is not designed to prevent other than fully qualified graduate nurses from nursing, but only to draw a line of distinction between the semi-trained and the fully trained, and will also help to raise the standard of nursing. This, it would seem, is the weak point in Registration, that it does nothing to help to improve the semi-trained, and until it does, it cannot conscientiously claim "that the Act is for the protection of the public."

Registration is undoubtedly here to stay, its advantages are so manifold. Co-operation with the medical profession will be a large factor in its ultimate success. The two professions will work together for the "protection of the public," and the united force can accomplish great and lasting good.

In British Columbia the nurses are to be congratulated on having the support of the British Columbia Medical Association for their Bill.

Vancouver, B.C.

RUTH JUDGE.

ALBERTA.

There are two Associations of Graduate nurses in Alberta, one in Edmonton and one in Calgary. Both Associations strongly approve of Registration for Nurses, and are discussing the subject with the object of uniting the nurses and evolving a plan of work. A strong Provincial Association will, doubtless, be the outcome of this, and steps will soon be taken to secure legislation.

SASKATCHEWAN.

As far as we know, nurses in this Province are not organized

MANITOBA.

The Provincial Association is studying and discussing the question of Registration for Nurses. Statistics are being collected with a view to ascertaining the standing of hospitals and nurses in Manitoba, and it is proposed to have a Bill drafted in the near future. A number of physicians have promised their support.

The following paper was given by Miss Ethel Johns before the Local Council of Women of Winnipeg:—

State Registration means that by Act of Provincial Legislature definite standards will be set by which all women desiring to be professional nurses must be measured. There will probably be such clauses as the following:

A definite standard of preliminary education will be established.

A uniform length of time of training will be insisted on for all hospitals in the Province.

A certain minimum number of beds will be imposed on all hospitals offering training facilities to nurses. The curriculum of studies will be standardized. Examinations on the theoretical side of nursing will be controlled by a provisional council.

Nurses coming to the Province from training schools outside of it will be required to show credentials from their own State Board of Examiners, or will be required to pass the examination of the Local Board.

No woman will be permitted to call herself a registered professional nurse who has not obtained a license to practice from the Provincial Council.

To do this she must necessarily have gone through the full course of training and passed the prescribed examinations.

The above reforms are, in a nutshell, the main benefits we hope to gain from registration. On the surface they appear simple. As a matter of fact they involve a great deal. Take the first clause, that enforcing preliminary education. Any hospital superintendent will tell you that because a woman is highly educated she does not necessarily make a good nurse. Nursing is so much a matter of character and temperament that a woman of ordinary education who possesses kindness, tact and good sense will succeed where a college graduate without these qualities would be a dismal failure. Still we do not wish to train women who are absolutely illiterate, no matter what qualities of heart they may possess.

Some of us hope that our new university may help solve this problem by establishing a short preliminary course for nurses which any woman of good moral character and physical fitness for the work may take, thus fitting herself to pass on to the training schools of the Province as a pupil nurse.

I hope to see a class of graduate nurses trained in Manitoba hospitals take their diplomas at the hands of the chancellor of the university. Mr. Schofield, in a recent letter to the press, expressed his conviction that this reform should be brought about. Coming from such a source, his expression of opinion was much appreciated by the nurses.

So much for preliminary education. We do not expect much trouble in standardizing the length of training, but we do expect trouble when it comes to demanding a certain number of beds before a hospital may be allowed to establish a training school. There are many small hospitals in Manitoba to-day that are turning out graduates that are a credit to them and to their profession. There are also, I regret to say, a few hospitals, mostly run for private gain, who establish so-called training schools because it is a cheap way of getting their nursing done, who make no attempt at systematic education of their nurses, but turn them out after a varying length of time to practise on a confiding public as trained nurses.

I now come to the last clause among those I mentioned, which has caused more misunderstanding and done more to militate against our cause than all the others put together. Perhaps I had better read it again:

"No woman will be permitted to style herself a registered nurse who has not obtained a license from the Provincial Board of Examiners."

You will notice that no restraint is placed on the untrained woman desiring to practise. She is simply debarred from pretending to be what she is not. There seems to be a general impression that state legislation means an attempt to exclude these women from practice. This on the face of it is impossible. Nursing the sick has been from time immemorial the special privilege and labor of love of women. There will always be untrained nurses. Every mother is a nurse and often a very good one. No state registration bill ever framed has attempted to legislate against untrained nurses. As a fair sample of most bills of this nature, let me read you an excerpt from the Bill of the State of Maryland:

“The provisions of this bill are not active against nursing done gratuitously by untrained persons, nor against nursing for hire by untrained persons providing such persons do not style themselves Registered Nurses.”

You see it is our name we are jealous of, and justly.

I am now going to be frank with you, and in being so I may offend some of my professional friends who may be present. Personally, I think there are some untrained women doing nursing to-day who fill a public need that we as nurses have failed to fill. To many families our fee is prohibitive. I do not insinuate for one moment that our fee is not a fair and just one, but nevertheless to a large section of our population it is prohibitive. These people must be nursed. Some of these untrained women give them ordinary nursing care and assume the responsibility of the household as well. Sometimes they do it for a smaller fee than is charged by trained nurses. We as a profession may not like this unpalatable truth, but truth it is nevertheless, and murder will out. Unfortunately for the public, not all untrained women are of this high order of usefulness. For example, a domestic formerly in the employ of a local hospital, an uneducated woman with no vestige of training, has assumed the uniform of that institution and styles herself a graduate nurse, and, be it understood, charges graduate nurses' fees. There is at present little or no protection for the public from such imposters as these. At present all that is really necessary to posing as a graduate nurse in Manitoba is to wear a more or less coquettish uniform, learn a few catch phrases, have the requisite amount of nerve, and start out into practice. I hold that this condition of affairs is a crying injustice to a class of women who no doubt are far from perfect, but who, nevertheless, have spent three years at least of the best part of their lives under a discipline of work, physical and mental, which leaves its marks on them for life, in order to fit themselves for their profession. And if it is unjust to the nurses, it is even more so to the public. If you wish to employ an untrained woman, by all means do so. You know what you are about. She tells you she has no hospital training, and you know what to expect. The bargain is a fair one. But if you come to that stern pass where actual technical knowledge is required and kindness plus training, then you have the right to know past any question of a doubt that you are not harboring an imposter. As I said before, I wished to be just to the untrained nurses. In many cases they give admirable service, but there are times when skill and knowledge outweigh willingness to serve, and when the trained observation of symptoms, which only comes after long contact with illness, is all that stands between you and the loss of some one dear to you. Then you want to be sure. Then you want to know that this woman into whose care you have given your sick one has been trained, has served her time; in so far as education can make her, worthy of the responsibility laid on her. In our best judgment, state registration will at least accomplish this; it will no longer be possible for a woman to represent herself to you as a trained nurse who is not one.

Again, under present conditions, once a nurse has graduated from her training school she is a free agent. No matter how she may misbehave, there is no legal way of preventing her from practising. State registration will remedy this. A trained nurse who has proved herself incompetent or morally

undesirable, can be dealt with by the Local Board, and her license revoked or suspended.

Another advantage we hope to gain is in raising the standard of our hospital training schools. With state registration will come inevitably a system of inspection of training schools as well as of hospitals proper. Not only the little ones, but the big ones, too. A good training school need not fear inspection. A poor training school needs it in order that its faults may be pointed out and remedied.

ONTARIO.

The Graduate Nurses' Association of Ontario was formed in 1904, having as its objects, as stated in its constitution, "the maintenance of the honor and standing of the profession, the advancement of the educational standard of nursing, and the furtherance of necessary legislation in the interests of the public, the physician and the nurse." In pursuance of this, a Bill was brought before the Legislature in 1906, which, however, was so amended by the special committee of the members to whom it was referred, as to be quite useless, and it was thought best to withdraw it altogether. One of the lessons learned by the Association from this experience was that neither the nurses themselves, nor the general public, had a proper conception of what was aimed at. It is therefore for the purpose of bringing before those concerned the kind of legislation aimed at, and some of the reasons why it is desirable, that this paper has been written.

The lack of anything like uniformity in nursing education, as provided by the various training schools of the country, is a fact that will be admitted without cavil, and this without in the least disparaging the many small training schools (whose superintendents were among the first to recognize the need for legislation), which are giving a very excellent training to their pupils. At the same time, everyone knows that there are schools that are such in name only, as far as any attempt at systematic instruction goes. The training school having been found to be an economic investment, it is feared that hospital authorities do not always look first at whether they are in a position to fit nurses for the responsible work of caring for the sick in the most efficient manner, before establishing a training school. Be that as it may, the lack of a uniform standard of nursing education is unfair both to the nurse herself, and to the public; unfair to the graduate of the school where the training is below par, because she is handicapped by an imperfect knowledge of her work, and unfair to the graduate of the good school, who, so far as the public is concerned, is on exactly the same plane as the other, until proved to be the more efficient; and obviously unfair to the public, who can judge of a nurse's merits only after a trial.

By State Registration, however, every nurse would be obliged to pass an examination fixed by the Central Board before she could practice her profession. In this way all the training schools in the country would have to provide the sort of nursing education for their pupils that would enable them to pass this examination; so that the first point we hope to gain by registration is a uniform standard of training. Even our failure in 1906 did good in this way, as many schools since that time have enlarged their curriculum

and, where they are deficient in certain branches, send their graduates for post-graduate work elsewhere. And just here it is perhaps well to explain that the law never works backward, so that all nurses who have already graduated, those in training at the time of such an Act passing, and all up to a certain fixed time could register without passing any further examinations.

State or Provincial Registration is the first step toward placing trained nursing on the basis of a recognized profession. By it, nurses are protected from those who have no right to call themselves trained nurses, but who yet do not scruple to do so. Not that such a law will be restrictive, as the public may still employ such if they wish to do so, but it will at least be within the power of everyone to find out whether they are employing a trained nurse or not, because every trained nurse will be a registered nurse. What has been proven to be good for the professions of law and medicine cannot be bad for trained nurses.

With graduates from the correspondence schools of the States, nurses (save the mark!) trained by beauty doctors, and nurses trained Heaven knows where and how, the public surely needs the protection of an Act regulating the education of those who undertake responsibilities involving life and death. It is time that all nurses woke up to the sense of their duty in this respect.

Let us remember that we owe a duty to the nurses who are to succeed us, and let us make of our beloved calling not a mere means of livelihood, but a great and honored profession, worthy of our noble founder, Florence Nightingale.

JULIA STEWART.

Toronto.

QUEBEC.

We are in the beginning of things in regard to Registration in the Province of Quebec. Ontario has been talking and working for some time, while we have only been thinking, and that not to much purpose. When Miss Crosby told us that they intended applying for legislation this year, but if we in this Province would muster our forces and apply to our Legislature in 1912, they would defer their application, we felt there was only one thing to do. We are not yet organized, but have passed the thinking stage and begun talking. Our work now is to get the nurses interested. We look to our Nursing Journal to help us to a clearer conception of what Registration really means, to the nurses, to the public, and to the medical profession.

The question is so often asked by the nurses, "How is Registration going to benefit us? What does it mean?" To my mind, R.N. is simply the "hall mark" that guarantees a thoroughly trained nurse, one who has received a three years' course in a recognized training school.

The fact of our being registered will not help us if we are incompetent nurses, and it will only harm the cause if we register and do not come up to the standard; while it must elevate and help the whole profession if those who register are women of worth and sterling character.

I believe, as well as protecting the nurse, Registration will benefit the public still more. So we must interest the public in Registration. They, as

well as the nurses, will very soon come to recognize the term R.N., and when they want their nearest and dearest cared for, will be thankful they know the kind of nurse to ask for.

The patient very soon learns to distinguish between the untrained and trained nurse, and appreciates to the full the skill, wisdom, tact and tenderness of a good professional nurse.

When one picks up a popular magazine and reads advertisements such as the following: "Nursing taught by mail. Why not be a nurse? Steady employment always awaits the thoroughly competent nurse. Salary from \$25 to \$35 per week," one feels the public should be protected from such quacks (or perhaps I should say "Gamps"), as well as the nurses. There is, too, the amateur nurse, who, having spent part of a probationary period in a hospital, and perhaps been expelled for bad conduct or other cause, dons a uniform and thrusts her services upon an unsuspecting public as "a nurse," receiving the remuneration due the graduate nurse. There will always be untrained nurses, and there is a field for them, but one feels, in justice to the public and the nursing profession, that they should practise as such.

We do not wish to keep anyone from nursing, nor do we wish for legislation in order to have a law which permits only trained nurses to care for the sick. We only ask that they nurse under their true colors.

If Registration is going to benefit the nurse and the public, it ought also to appeal strongly to the doctor. He is responsible to the patient and patient's friends for the care of his case. An inefficient nurse is capable of undoing all the good the surgeon or physician has tried to accomplish.

We hope we shall have their sympathy and hearty co-operation in our efforts to secure Registration in the Dominion of Canada. I am indebted to the American Journal of Nursing for many thoughts on the subject of Registration. Our sister nurses in the States had many trials before securing legislation. We in Canada must not be weary in well-doing, but work, so that those coming after us may reap the reward of our labor.

Montreal.

ANNIE COLQUHOUN.

NOVA SCOTIA.

The first step towards obtaining Registration for Nurses in Nova Scotia was taken in the spring of 1910, when the Local Legislature granted an Act of Incorporation to the Provincial Nurses' Association—an Act which is broad enough to make provision for the admission of every trained nurse in the Province, on proof of "necessary education, professional qualification and of moral character."

Shortly after incorporation, copies of this Act, its Constitution and By-Laws, together with a circulatory letter soliciting interest and co-operation, also printed extracts from articles published in the Nineteenth Century and After Magazine, resolutions passed by the British Medical Association and quotations from other authorities, all in favour of State Registration, were sent to every member of the medical profession practising in the Province. Congratulation and many expressions of goodwill and sympathy have since been received.

At the first annual meeting of the Association, Dr. Hattie, Superintendent of the Nova Scotia Hospital, is reported as having "in the course of a fine address, set forth, 'Now the spirit of union was a sign of the times; also how material were the advantages of organization.'"

Speaking on the same occasion, Dr. Murdoch Chisholm, of Halifax, urged upon those nurses present their duty in the matter of standing firmly for the dignity and honour of their profession, and personally and individually illustrating their belief in its choice by maintaining the highest standards in its practice.

The Association has now a membership of eighty, and continually increases in influence and recognition.

An endeavour will be made this year to introduce an Act regulating the practice of untrained and uncertified midwives in the Province, for which legislation the support and assistance of the Nurses' Association has been solicited.

EVELINE M. PEMBERTON.

Halifax.

NEWFOUNDLAND.

The question of Registration for Nurses has not yet arisen in Newfoundland. Outside the hospitals, there are not more than a dozen, probably less than a dozen, trained nurses, and these are all in St. John's. Ten years ago there were none, but with the advent of the nurses the demand for them has come, and is growing every day. Those who are here find plenty of work, although the untrained nurse still flourishes. We hope sometime this year to form an Association of Trained Nurses, which will join together in one society for their mutual benefit, all the nurses working in Newfoundland, who come from different training schools in Canada, England, the United States and our own hospital in St. John's.

PRINCE EDWARD ISLAND.

No report has been received from this Province. We hope to have a good account of the work here to give in the near future.

NEW BRUNSWICK.

The nurses of this Province are not yet organized, but steps are being taken in this direction. As soon as this is accomplished, some definite work for Registration will be done.

PROGRAMME

Of the Fifth Annual Meeting of the Canadian Hospital Association, to be held at Niagara Falls, Ont., in the Carnegie Library Building, May 23rd and 24th, 1911.

Tuesday, May 23rd, 10.30 a.m.

Calling of Association to Order.

Reading of Minutes of Previous Convention.

President's Address—Miss Clara Green, Superintendent General and Marine Hospital, Belleville, Ont.

"Fire Prevention"—Dr. W. J. Dobbie, Physician-in-Chief, Toronto Hospital for Consumptives, Weston, Ont.

"The Relation of the Trustees to the Hospital"—Dr. R. W. Bruce Smith, Inspector of Hospitals for Ontario.

Tuesday, 2.30 p.m.

"The General Management of a Small General Hospital"—Miss Bertha Miller, Superintendent Amasa Wood Hospital, St. Thomas, Ont.

"The Relation of the Medical Health Officer to Hospitals"—Dr. Charles Hastings, Medical Health Officer, Toronto.

"The Care of Alcoholics"—Dr. N. H. Beemer, Superintendent Hospital for Insane, Mimico, Ont.

4 p.m. to 8 p.m.—Visiting Points of Interest.

Tuesday, 8 p.m.

"Points in Relation to the Construction of Smaller Hospitals"—H. E. Webster, Esq., Superintendent Royal Victoria Hospital, Montreal.

"The Heating and Ventilation of Smaller Hospitals"—Clarence Williams, Esq., Hospital Specialist, Boston, Mass.

Title to Come—Dr. Wayne Smith, Superintendent Washington Uv. Hospital, Washington, D.C.

"Some Impressions of New York Hospitals"—Miss F. E. De La Mater, Superintendent Nicholls Hospital, Peterboro, Ont.

Wednesday, May 24th, 9.30 a.m.

"Some Observations on the Sanatoria of the Old Country"—Dr. W. B. Kendall, Physician-in-Chief, Muskoka Hospital for Consumptives, Gravenhurst.

"What the Average Medical Man Expects from the Hospital"—Dr. J. S. Hart, Toronto.

Title to Come—Dr. Young, Assistant Superintendent Rockwood Hospital, Kingston.

Title to Come—Miss N. McLennan, Superintendent Royal Victoria Hospital, Barrie.

Wednesday, 8.15 p.m.

Joint Session with the Canadian Association of Training School Superintendents and with the Graduate Nurses' Association of Ontario.

Address of Welcome—His Worship, the Mayor.

"Social Service"—Miss Forsyth, Evangelia Settlement.

"The Duty of the Hospital to the Pupil Nurse"—Miss Conroy, Superintendent St. Joseph's Hospital, Glace, Bay, N.S.

Note.—Members of all three societies are welcome to any and every meeting of the societies.

The Association of Superintendents of Training Schools and the Graduate Nurses' Association of Ontario will hold their meetings on Wednesday and Thursday. Friday will be given up to sightseeing and the visiting of neighboring hospitals.

"Climb the mountains and get their good tidings. Nature's peace will flow into you as sunshine flows into trees. The winds will blow their own freshness into you, and the storms their energy, while care will drop off like autumn leaves."

—John Muir.

THE SCHOOL NURSE

Miss Barbara Gilchrist finished the course in School Nursing in Toronto and started her work in London, March 1st.

On February 8th the following School Nurses were added to the staff in Toronto:—Miss M. G. Butchart, Western Hospital, Toronto, '03; Miss V. G. Burnett, Grace Hospital, Toronto, '04; Miss C. M. Cameron, Hospital for Sick Children, Toronto, '10; Miss F. H. Jones, Toronto General Hospital, '03; Miss M. A. Kingstone, Presbyterian Hospital, New York, '10; Miss M. Mackay, Hospital for Sick Children, Toronto, '10; Miss M. A. MacFadyen, Hospital for Sick Children, Toronto, '10; Miss G. M. Macallum, St. Luke's Hospital, Chicago, '04; Miss G. Morison, Lakeside Hospital, Cleveland, '04; Miss G. M. Paul, Smith Infirmary, Staten Island, New York, '07; Miss J. M. Peace, Toronto General Hospital, '04; Miss V. Wallace, Hospital for Sick Children, Toronto, '07; Miss M. Byers, Royal Alexandra Hospital, Fergus, '08.

The nurses at present taking the Post-Graduate Course are:—Miss Jean A. Miller, Galt Hospital, '06; Miss Gertrude Forbes, New York Hospital, '05; Miss J. M. Irving, Salem Hospital, Mass., '01.

Miss Lina L. Rogers, R.N., Superintendent of School Nurses, Toronto, has demonstrated to the Board of Education the need of having towels in the schools, with the result that paper towels are being provided for the children. Miss Rogers has also been instrumental in securing an Audiometer for testing the hearing of children who are considered dull, and whose only trouble may be defective hearing.

During February the nurses discovered twelve cases of tuberculosis among the school children. These are being cared for by the Heather Club.

Some amusing things happen when the nurses are making their rounds of the schools. One small lad was late on morning, and on being asked the reason, replied, "Oh, I overwashed this morning."

A small bit of humanity, with thin body and scant clothing, his large brown eyes lighting up his face, was found running from school. The nurse stopped him and said, "Why are you running from instead of to school?" He looked up and gravely replied, "The bell rang before I was ready."

POST-GRADUATE COURSE.

A four months' post-graduate course will be given to Graduates of Credited Hospital Schools of Nursing, in the Toronto General Hospital, during the months of June, July, August and September.

The course will consist of 15 days' experience in each of the following departments:—Diet School, Neurological Ward, Gynecological Pavilion, Outdoor and Nose and Throat Department, Operating Theatre, Medical Wards, Surgical Wards, Obstetrical Pavilion.

All applications must be made by May 15th, and be accompanied by a certificate of health from a physician and a certificate from the Superintendent of the School from which the applicant is a Graduate.

For further particulars apply to the Lady Superintendent.

THE ANNUAL MEETING.

The Fifth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in the Carnegie Library, Niagara Falls, Ont., May 24th and 25th.

PROGRAMME.

Wednesday, May 24th, 2.30 p.m.

Call to Order.

Invocation—Rev. William Wallis, Ph.D.

Addresses of Welcome—Mr. A. Monro Grier, K.C., President of Hospital Board.

Dr. P. T. Kellam, President Niagara Falls Medical Association.

Reply to Addresses of Welcome—Robina L. Stewart, R.N., Superintendent of Toronto General Hospital Training School for Nurses.

Address of President—Mary Ard Mackenzie, R.N., Chief Superintendent of Victorian Order of Nurses for Canada.

Election of New Members.

Appointment of Nominating Committee.

“Schools of Nursing and the State”—Annie W. Goodrich, R.N., Inspector Nurse Training Schools, Education Department, New York.

Discussion.

“The Making of an Ideal Nursing Journal”—Mary A. Catton, Superintendent Lady Stanley Institute, Ottawa.

Discussion.

“Tuberculosis: Our Attitude Towards Its Prevention and Cure”—E. G. Fournier, R.N., Superintendent “Minnewaska,” Gravenhurst.

Discussion.

“The Child in the Hospital”—Jean L. Edgar, Night Supervisor Hospital for Sick Children, Toronto.

Discussion led by Louise C. Brent.

Wednesday, May 24th, 8.15 p.m.

A Union Meeting of The Canadian Hospital Association, Society of Superintendents of Training Schools for Nurses, and Graduate Nurses' Association of Ontario will be held in the Carnegie Library.

Chairman—Mr. A. Monro Grier, K.C., President of Hospital Board.

Address of Welcome—The Mayor, O. E. Doris, Esq.

The Member (?).

Miss Annie W. Goodrich, Inspector Nurse Training Schools for New York State, will speak.

“Social Service”—Miss Forsythe, “Evangelia” Settlement, Toronto.

“The Duty of the Hospital to the Pupil Nurse”—Miss Conroy, Superintendent of St. Joseph's Hospital, Glace Bay, N.S.

“Training School Curriculum”—Miss Florence M. Shaw, R.N., General Hospital, Montreal.

Thursday, May 25th, 10 a.m.

Report of Council.

Report of Treasurer.

Report of Auditors.

Report of Committees.

Report of Nominating Committee.

Unfinished Business.

New Business.

Papers for this session are expected from Edith P. Mayow, on "Labrador;"

Helen T. Melville, on "Africa;" Anna A. Hawley, on "Cree Indians."

Discussion.

Election of Officers.

Announcement of Time and Place of Meeting, 1912.

Introduction of President-elect.

Adjournment.

MARY ARD MACKENZIE,

LOUISE C BRENT,

President.

Treasurer (pro tem).

ALICE J. SCOTT, Secretary, 11 Chicora Ave., Toronto.

NOTES.

Give special attention to instructions regarding purchasing of railway ticket and certificate.

Council meeting, May 23rd, 7.30 p.m., Carnegie Library, Niagara Falls, Ontario.

It is requested that all reports, motions, etc., be typewritten.

Fees are due at the Annual Meeting.

Invitations for meeting for 1912 to be sent to Secretary not later than May 1st.

The Superintendents are requested to send to the Secretary by May 1st, or bring direct to the Annual Meeting, the books containing hospital and training schools forms, etc., some of which were returned for alterations and additions.

The programme is announced early that the members will have ample time to consider the subjects of the papers. Members have been asked to lead the discussions, but the individual members are requested to be prepared to take up the various phases of the subjects presented, that there may be very free discussion.

All nursing organizations throughout the Dominion of Canada are cordially invited to send delegates.

SOUTH AFRICAN MEMORIAL TO THE LATE KING.

It is understood that the Viscountess Gladstone is shortly going to set on foot a scheme in South Africa for a memorial to the late King, to take the form of establishing an order of trained nurses similar to existing institutions in India, Canada and Australia. The maintenance of the nurses would be partially met out of the funds subscribed and by the fees contributed by patients. At present it is authoritatively stated that midwives working in the up-country districts are mostly coloured women without training. The results of some organized scheme for supplying trained nurses would be far-reaching, and the educational value would form a fitting memorial from South Africa, which owes much to his late Majesty.—The Nursing Times.

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Miss Flaws, Supt. Butterworth Hospital, Grand Rapids, Mich.

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Editorial

DELEGATES, ATTENTION!!

It is desired that the railroad rates to the Convention, May 23rd, 24th and 25th, shall be as small as possible, therefore every member of the three Societies—Canadian Hospital Superintendents, The Canadian Society of Superintendents of Training Schools for Nurses, and the Graduate Nurses' Association of Ontario—is requested to buy, not a Holiday Ticket, but a Standard Convention Certificate (Ticket Agents are supplied with these and are instructed to issue them on application). Please note the following:—

FORTY-NINE OR LESS.—If Secretary certifies that forty-nine or less are in attendance, holding properly receipted certificates of the standard form or round-trip tickets (sold at one-way fare or more), they will be returned to their original starting point at TWO-THIRDS of the lowest regular one-way first-class fare.

FIFTY OR MORE.—If Secretary certifies that fifty or more are in attendance, holding properly receipted certificates of the standard form or round-trip tickets (sold at one-way first-class fare or more), they will be returned to their original starting point at ONE-THIRD of the lowest regular one-way first-class fare.

THREE HUNDRED OR MORE.—If Secretary certifies that three hundred or more are in attendance, holding properly receipted certificates of the standard form or round-trip tickets (sold at one-way first-class fare or more), they will be returned to their original starting point **FREE**.

Therefore, buy a first-class full-fare one-way ticket, and secure a Standard Convention Certificate, and thus make rates a minimum for all Delegates.

AN HONOR DESERVED.

The Society of Women Journalists, at their sixteenth annual meeting in November, elected Mrs. Bedford Fenwick, President. This is a great and well-deserved honour for the editor of the British Journal of Nursing. It is a significant fact, and quite in keeping with the utilitarian spirit of the age, that the President of this Society should be the editor not of a magazine of "polite letters" for literature's sake, but of a professional journal, and that not of a "learned profession," but only the handmaid of one of them. Mrs. Fenwick said that the election was a surprise to her, as she had not taken up journalism as a profession because of any special fitness for that sort of work, but only as a means to an end. She had become a journalist because she desired to see the profession of her choice—scientific nursing—elevated and legally constituted by Act of Parliament, and without a voice in the press the views and aspirations of trained nurses could not find expression. English nurses are indeed fortunate in having such a voice to express their desires as Mrs. Fenwick. And not only this, but this election is an honour to the whole nursing profession, which we should appreciate, and guard by seeking to have everything that is published in any country by nurses or about nurses only such a thing as is in keeping with high ideals of womanliness and service.

We congratulate Mrs. Bedford Fenwick most heartily on her election, and British nurses on having one of their number who is able to fill such a position with honour. Coming as it does at the end of a year of sorrowful loss of leading workers in England, Canada, the United States and India, this signal honour seems an omen of happier days in the new year.—Nursing Journal of India.

INDIA.

The Nursing Journal of India for February is a large and most interesting number. It contains a full report of the Conference at Benares of "The Association of Nursing Superintendents of India," and "The Trained Nurses' Association of India," together with the Constitutions of both Associations, and a list of their members. It takes the place of the Annual Report, and is a most valuable book of reference.

At this Conference, Miss M. G. Butcher, of the Bellevue Sanatorium, Murree, was appointed Editor. Mrs. Klotz, the retiring Editor, who has so successfully piloted the Journal through its first year, is going to America for eighteen months or two years for a much-needed rest. This Journal is one of our most valued exchanges.

IN OUR MIDST.

How often have nurses read advertisements which told how to secure the training necessary to become a nurse by correspondence! Invariably the exclamation follows: "How absurd to think that any woman can hope to acquire in that way the skill and knowledge necessary to handle the patient deftly, gently and intelligently, and to discharge the grave responsibilities of a trained nurse!"

And always a certain relief was experienced that some distance separated us from such a centre of instruction. But a change has come! We have in our midst a "School," called "The Dominion School of Nursing," which "trains nurses in six or eight months."

"Classes are held Tuesday, Thursday and Friday afternoon and evening, from 2 to 3 hours; time depends on subjects taken." The course "includes Lectures on Anatomy, Physiology, Materia Medica, Science and Art of Nursing, Invalid Cooking, Fever Nursing, Sterilization, Hygiene, Mental Nursing, Massage, Weir Mitchell System, with Swedish Movements, Text Book written by Superintendent of School," etc.

"Colored plates and subjects are used for each lecture. Paid subjects takes the place of the sick. The lectures are given by two city physicians. Fee—Nursing, \$50.00; Massage, \$25.00; Books, \$2.00. Those who are not able to pay in advance pay by installments."

Mrs. Rachel M. Smythe, the Superintendent, says: "I am a Graduate Nurse myself . . . and a Doctor of Osteopathy . . . I don't want the Graduate Hospital Nurses to think I am trying to be on a standard with them."

This is surely another striking example of the need of some means of distinguishing between the fully trained Graduate Nurse and the nurse who has only a partial training, or none at all. It is not the untrained nurse who does harm; it is the untrained or partially trained nurse who seeks to pass as fully trained. Anyone may don a uniform and call herself a trained nurse. Any hospital, large or small, or, it seems, any individual may start a training school and give diplomas. Shall this state of affairs continue? The answer rests with the Nursing Profession.

ANNUAL MEETING OF THE FLORENCE NIGHTINGALE ASSOCIATION.

The Florence Nightingale Association held its first annual meeting at The Residence, Hospital for Sick Children, on Friday, March 3rd, at 8 p.m. Miss McKenzie, Vice-President, occupied the chair.

Addresses were given by some of the honorary members and Miss Crosby.

The Secretary then presented the Annual Report, as follows:—

“Madame President and Members of the Association:—I submit the following report for the year ending March 3rd, 1911:

“Five meetings have been held, with an average attendance of twenty, one meeting for the purpose of organization, three business meetings, and one social meeting. The social meeting took the form of a picnic and was held on June 7th, 1910, at the Lakeside Home, the Island, by the kind courtesy of Miss Brent. It was much enjoyed by our guests, the Presidents of Sister Associations, and friends, as well as by the members.

“Thirty-five names have been added to the membership list since the first meeting. At present the Association numbers four honorary members and forty-four active members.”

J. C. WARDELL, Secretary.

Great regret was expressed at the loss of the President, Miss Kennedy, who has recently gone to Victoria, B.C., to work under the Victorian Order. The Association, wishing to express its appreciation of the work of Miss Kennedy, who, with the assistance of Mrs. Downey, organized the Association and carried it successfully through the first stages of its existence, made her its Honorary President.

The election of officers resulted as follows:—President, Miss M. A. McKenzie; Vice-President, Miss M. Urquhart; Secretary-Treasurer, Miss J. C. Wardell; Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson and Mrs. Valentine; The Canadian Nurse Representative, Miss M. S. Wilson; Representatives on the Central Registry Committee—Misses McKenzie and Waddell; Convener of Social Committee—Miss McKenzie.

Miss McKenzie thanked the Association for the honor conferred upon her, and expressed the appreciation of the Association for the sympathy and support of the Alumnae Associations of the city.

The Association welcomed Miss Stewart, Lady Superintendent of Toronto General Hospital, and made her an honorary member. The next regular meeting will take the form of a social meeting.

OFFICIAL DEPARTMENT.



Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Mackenzie, Chief Supt. V.O.N., 578 Somerset St., Ottawa; Secretary, Miss Scott, 11 Chincora Ave., Toronto.

The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Sec.-Treas., Miss F. M. Shaw, Ste. Agathe, Que.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gauld, 375 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 630 Sixth St., Harriston.

The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave, Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.

The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay. The Mountain Sanatorium.

The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy., Mrs. W. J. Crothers, Jr., 86 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.

The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec. Miss E. Ross Greene, 418 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 171 Delaware Ave.

OFFICERS OF THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President, Mrs. Findlay, 649 Church St.; First Vice-President, Miss Ellis, General Hospital; Second Vice-President, Mrs. H. Richie; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavell, Esq., Queen's Park; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Treasurer, Mrs. Pellatt, 7 Wells St.

Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Committees—Sick Visiting, Miss Brereton; Registration, Miss Bella Crosby; Programme, Miss M. E. Christie; Social and Lookout, Miss Kilgour; Press and Publication, Miss Julia Stewart; Central Registry, Miss J. W. Ferguson, Miss H. B. Fralick; Canadian Nurse Representative, Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Power, 9 Pembroke St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss Ryan, 491 Broadview Ave.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmett, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

Regular meeting, second Monday, at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanatorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representatives "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

MILITIA ORDERS.

Headquarters, Ottawa.

December 31, 1910.

Course of Instruction for Nursing Sisters.—A course of instruction in the duties laid down in the "Regulations for the Canadian Medical Service, 1910," for Nursing Sisters, will be held at the P.A.M.C. School of Instruction, Halifax, commencing May 1, 1911, and lasting six weeks.

Four Nursing Sisters will be selected to attend.

P.M.O.'s will submit their recommendations as soon as possible.

January 14, 1911.

The undermentioned Nursing Sisters are detailed for duty to No. 1 General Hospital:—Miss E. McGiffin, Miss E. Morris, Miss J. Leishman, Miss A. W. Hammell and Miss P. Dayman.

F. L. LESSARD, Colonel, Adjutant General.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING STAFF.

War Office, London, S.W., 14th February, 1911.

The following ladies have received appointments as Staff Nurses:—Misses M. E. Evans, M. Linaker.

Promotions.

The undermentioned Sister to be Matron:—Miss J. E. Dods.

The undermentioned Staff Nurse to be Sister:—Miss C. G. Lees.

E. H. BECHER, Matron-in-Chief, Q.A.I.M.N.S.

My Scallop Shell of Quiet

"Happiness pursued is never overtaken, because, little as we are, God's image makes us so large that we cannot live within ourselves, not even for ourselves, and be satisfied. It is not good for man to be alone, because, rightly, self is the smallest part of us. Even God found it good not to be alone, but to create objects for His love and benevolence." George W. Cable.

The night has a thousand eyes,
And the day but one;
Yet the light of the whole world dies
With the dying sun.

The mind has a thousand eyes,
And the heart but one;
Yet the light of a whole life dies
When love is done.

—Francis William Bowdillon.

But what if I fail of my purpose here?
It is but to keep the nerves at strain;
To dry one's eyes and laugh at a fall,
And, baffled, get up and begin again;
So the chase take up one's life—that's all.

—Robert Browning.

"I bid you to live in peace and patience, without fear or hatred, and to succor the oppressed and love the lovely, and to be the friends of men; so that when ye are dead at last, men may say of you—they brought down Heaven to the Earth for a little while. What say ye, children?"

—William Morris.

Four things a man must learn to do,
If he would keep his record true:
To think without confusion—clearly;
To love his fellow man sincerely;
To act from honest motives purely;
To trust in God and Heaven securely.

—Henry Van Dyke.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The thirteenth annual meeting of the Montreal Branch of the Guild was held in the Parish House of St. John the Evangelist Church, on Tuesday, Jan. 17th, when there was a good attendance of members.

A few changes have taken place in the Guild during the past year. It is with very great regret that we have to record the removal from Montreal of the Rev. A. J. Doull, Priest Associate, who has always shown great interest in the Guild, and is much missed at our meetings. During 1910 Miss F. M. Thomson has been admitted into the Guild as an Associate, the Misses Church and Moir have received their medals from the Chaplain, and the following members have been transferred to this Branch: The Misses Sewell, Wicksteed and Hardinge from Ottawa, and Mrs. Shorts, from Bristol, England. Unfortunately, these members are not living in Montreal. Miss E. Gross has undertaken the duty of organist.

During the year one afternoon and eight evening meetings have been held. Addresses at the services have been given by the Chaplain, the Rev. A. J. Doull, the Rev. E. Greaves and the Rev. S. Lindsay. A change was made this year in regard to the Anniversary Festival Service, which was held in the evening of June 11th, and was very largely attended. At this meeting we were pleased to have with us Miss Browne, an English member, who happened to be in Montreal at the time.

Another point of interest is the fact that this year, for the first time, several members of this Branch received the special ribbon which can be worn by members of ten or more years' standing in the Guild.

Jan. 17th, 1911.

(Signed) M. E. W., Secretary.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Miss Bella Crosby, 41 Rose Ave, Toronto ; First Vice-President, Miss A. I. Robinson, Galt ; Second Vice-President, Mrs. W. S. Tilley, Kingston ; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto ; Corresponding Secretary, Miss Lucy Bowling, 47 Metcalfe St., Toronto ; Treasurer, Miss Mary Gray, 505 Sherbourne St., Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto ; Miss A. J. Scott, 11 Chicora Ave., Toronto ; Miss K. Mathieson, Riverdale Hospital, Toronto ; Mrs. Mill Pellatt, 7 Wells St., Toronto ; Miss Jessie Cooper, 30 Brunswick Ave., Toronto ; Mrs. Downey, 554 College St., Toronto ; Miss Janet Neilson, 295 Carlton St., ; Toronto, Miss J. C. Wardell, 171 Delaware Ave., Toronto ; Mrs. Yorke, 400 Manning Ave., Toronto ; Miss M. L. Barnard, 608 Church St., Toronto ; Miss Ewing 569 Bathurst St., Toronto ; Miss O'Connor, St. Michael's Hospital, Toronto ; Miss Kennedy, 1 Lakeview Ave., Toronto ; Miss Jamieson, 23 Woodlawn Ave., E., Toronto ; Miss De Vellin, 505 Sherbourne St., Toronto. Conveners of Standing Committees—Legislation, Miss Mill Pellatt ; Revision of Constitution and By-Laws, Miss M. J. Kennedy. Press and Publication, Miss Brent. Representatives of The Canadian Nurse Editorial Board, Miss A. J. Scott, Miss E. J. Jamieson. Representatives to Local Council of Women, Misses Neilson, Wardell, Irvine and Smith.

The Annual Meeting of the Association will be held in the Carnegie Library, Niagara Falls, Ont., on the evening of May 24th, and the afternoon and evening of May 25th, 1911.

May 24th, 8.15 p.m.

A joint meeting of the Canadian Hospital Association, the Canadian Society of Superintendents of Training Schools for Nurses, and the Graduate Nurses' Association of Ontario. A paper on "Social Service" will be given by Miss Forsyth, of the Evangelia Settlement.

May 25th, 2 p.m. and 8 p.m.

1, Prayer ; 2, Roll-call ; 3, Reading of Minutes ; 4, Report of Corresponding Secretary ; 5, Report of Treasurer ; 6, Reports of Conveners of Committees ; 7, Miscellaneous Business ; 8, Announcement of Elections.

The following papers will be given:—

"The Factory Nurse and Welfare Work," Mrs. Reynolds, London, Ont. ; Miss Bradley, Welland.

✓ "The Institutional Nurse," Mrs. Tilley, Kingston.

"The Private Nurse," Miss Ross, London, Ont.

"The Work of the Pure Milk Committee," Miss Hanna, Hamilton.

✓ "The School Nurse," Miss L. L. Rogers, Superintendent of School Nurses, Toronto.

✓ "The Army Nurse," Miss Hayhurst, Hamilton.

"Registration." Discussion on Proposed Bill.

✓ "The Canadian Nurse," Miss M. E. Christie, Toronto.



REPORT OF THE RELIEF COMMITTEE OF THE MONTREAL BRANCH OF THE VICTORIAN ORDER OF NURSES FOR THE YEAR 1910.

The large number of cases here recorded is due to the disastrous typhoid epidemic which visited this city a year ago, and which taxed beyond their power the usual agencies for relief. It is neither the desire nor intention of the committee to take up the work of the numerous charitable institutions of the city, but the Victorian Order is to be congratulated on the fact that, at this time of great need, they were able to respond adequately to the call not only for nursing, but also for friendly visiting and for material help among the sick poor, who would otherwise have often had to fight a losing battle, unaided and alone. In harmony with the primary object of the Order, to afford nursing relief during sickness, friendly visiting is done only where a nurse is in attendance, and aid is provided only after the more legitimate sources of relief have been exhausted. At the time of the epidemic, however, district visiting was extended to the homes of needy typhoid patients in the Emergency, the Montreal General and the Royal Victoria Hospitals. This was made possible by the organization of a large staff of volunteer visitors, and by the supply of money sent in from Mrs. Sandeman's concert for the typhoid poor.

During the year 160 families have been visited, and help has been given to over 800 people. Sixty-nine volunteers have made over 800 visits to hospitals and homes. Most of these visits were made during the months of January and February, when the epidemic was at its height. The volunteers included men and women, French and English, Catholics, Protestants and Hebrews, and it is a great pleasure to testify here the goodwill, energy and generosity of this band of workers. Of the 160 families attended during the year, two-thirds were Protestant and one-third Catholic; one family was negro, 15 were foreign, 40 were from Great Britain, and the rest were English and French-speaking Canadians. The committee again note the unsatisfactory character of the immigrants from England.

While most of the cases were typhoids, we recorded a large number of maternity cases where the husband was out of work, also a great many incurable cases of cancer and tuberculosis. In many families there were two and three typhoid patients, and in one family there were six typhoids. In six

(Continued on page 190)



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly committee meeting was held on Monday, March 6th, in the Reading Room, Lindsay Building. Several names came up, to be proposed at our meeting and lecture on Tuesday, March 7th.

A very enjoyable lecture was given in the Medico-Chirurgical Rooms, 175 Mansfield street, by Dr. W. F. Hamilton. His subject was "Fevers," with special references to typhoid. He told of the different treatment that was given now, the effect of baths or packs, and the precautions a nurse should take while nursing the different infectious diseases.

People who are going to different countries—Egypt, India—are being vaccinated against malaria and typhoid fever. There was a good attendance of nurses, who thoroughly enjoyed this very interesting and instructive address. Miss Welsh proposed a vote of thanks to Dr. Hamilton, after which coffee and cake were served, and a social chat enjoyed.

Mrs. Berch reports a very busy month, many calls from outlying districts; demand could not always be met.

The C.N.A. extend heartfelt sympathy to Miss Moffat in her sore bereavement in the loss of her mother. It was particularly hard for Miss Moffat, who was in New Orleans, and could not be with her mother, who was in the Royal Victoria Hospital.

HOSPITALS AND NURSES

Miss Edith Stuart, who has been doing private nursing in Ottawa and Montreal since her graduation in 1909, has gone to Hartford, Conn., to take charge of the surgical operating room in the General Hospital in that city.

Miss Brand, R.V.H., who has been engaged in private nursing in Montreal, is taking charge of Ward E, Royal Victoria Hospital, during the temporary absence of Miss Glendinning, who has been ill, and goes home for a change and rest.

Miss Isabel C. Turner, graduate of the Kingston General Hospital Training School for Nurses, has been appointed Assistant Superintendent of the Training School for Nurses at Hahenmann Hospital, New York.

Miss Caroline E. Pretz, of Allentown, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), Philadelphia, Pa. (Winter Class, 1906), has been engaged by the Allentown Hospital to teach the nurses in training the art of massage.

Miss Edith Liddy, graduate Hamilton City Hospital, now of Winnipeg, is visiting in Hamilton.

Miss G. L. Rowan, B.A., graduate of Grace Hospital Training School for Nurses, Toronto, Class '05, has been appointed Superintendent of Nurses at that institution.

Miss C. M. Bowman, Lady Superintendent, General Hospital, Portage la Prairie, is visiting her many friends in Hamilton.

Miss M. Hackett (Sister Victoria) has been obliged to resign her position on the staff of the General Hospital, St. John's. For over five years a ward nurse, Night Superintendent and Sister, she has been a faithful, conscientious worker, giving of her best to the patients under her care. She will be much missed. Her place is to be filled by Nurse B. Hayes.

At the annual meeting of the Vancouver Graduate Nurses' Association, held at the Nurses' Club, Vancouver, B.C., February 1st, the following officers were elected for 1911:—President, Miss Hall, 1193 Eighth Ave. W.; First Vice-President, Miss Hancock; Second Vice-President, Miss Blakeney; Treasurer, Miss Black, The Kenilworth, Vancouver, B.C.; Secretary, Miss R. Judge, 811 Thurlow St. Treasurer's report showed receipts for 1910, \$137.75; expenditures, \$88.20; balance for 1911, \$49.55. Secretary's report gave number of members for 1910, 78; remaining for 1911, 72.

Mrs. A. Meachem, President of the Women's Board of Management, G. and M. Hospital, Collingwood, entertained the pupil nurses of that institution to a sleigh ride and supper on Thursday evening, February 2nd. After a delightful drive of two hours, the party, with their friends, arrived at Mrs. Meachem's, where a warm welcome awaited them. After a bountiful supper (enjoyed as only hospital nurses know how); the evening was passed pleasantly with games, music, etc. Among the guests of the evening was Mrs. Coles, late of the Queen Alexandra Imperial Nursing Service, who told the nurses many interesting instances of her life in the service. About midnight the guests dispersed, after thanking Mrs. Meachem very heartily for her kindness.

Miss Maxwell, V.G.H., and Miss M. Currie, V.G.H., have left Vancouver, B.C., and are taking a trip through California.

Miss Rose, V.G.H., is enjoying a well-earned rest in Ontario.

Miss Martignoni, Superintendent of the Orthopedic Hospital, Toronto, who was operated on for appendicitis at the Royal Alexandra Hospital, Fergus, is convalescing at her home in Erin.

Mrs. Thompson, of Souris, is spending the winter with her parents in Arthur. Mrs. Thompson is a graduate of the Royal Alexandra Hospital, Class '09.

Miss Simpson, graduate of Mack Training School for Nurses, St. Catharines, Class '96, has taken up private nursing in Vancouver, B.C.

Miss Martin is visiting at her home in Tinturn.

Miss Bruce is taking a post-graduate course in Bellevue Hospital, New York.

Miss Lovell, of the staff of Mack Training School, underwent an appendectomy, but is now convalescing at her home in Merriton.

At the annual meeting of the Alumnae Association of the Western Hospital Training School for Nurses, the following officers were appointed for 1911:—President, Mrs. McConnell, 125 Major St.; First Vice-President, Miss M. Wilson, 30 Brunswick Ave.; Second Vice-President, Miss Brett, 27 Irwin Ave.; Recording Secretary, Miss Kelly, 254 Lisgar St.; Corresponding Secretary, Miss Bowling, 77 Winchester St.; Treasurer, Miss Anderson, 48 Wilson Ave. Conveners of Committees: Visiting, Mrs. Yorke, 400 Manning Ave.; Registry, Miss Cooper, 30 Brunswick Ave.; Programme, Miss Misner, 16 Ulster St.; Journal, Miss Butchart, 563A Bloor St. W. Directors—Miss Brett, Mrs. Yorke, Miss Hamlin.

The regular monthly meeting of the Alumnae Association of Hamilton City Hospital Training School for Nurses was held on Tuesday evening, February 7th, at the Nurses' Residence. The President, Miss Burnett, presided. Miss Savage, Supervisor of Kindergartens, gave a most interesting and instructive talk on "Entertaining Sick and Convalescing Children."

Miss Crosby, editor of *The Canadian Nurse*, always a welcome visitor, spoke on "Registration for Nurses." All nurses resident in the city were invited. Many came to show their interest in Registration, but many were prevented because of the storm.

The Graduating Exercises of the Royal Alexandra Hospital, Fergus, were held in the Opera House on Friday evening, February 24th, at 8 o'clock. The graduating nurses were:—Miss E. L. Hutton, Durham; Miss H. Hansen, Warton; Miss Jean Campbell, Snelgrove; Miss Ida Campbell, Snelgrove; Miss Annie Weir, Durham.

Rev. R. A. Hiltz addressed the graduating class. After the reading of the Pledge by the class, Dr. Groves, Medical Superintendent, presented the nurses with their diplomas and badges. Miss Weir read the Class Essay.

The regular monthly lecture, under the auspices of the G.N.A.O. Executive, was held at The Residence, Hospital for Sick Children, on Friday evening, February 24th. Mrs. James L. Hughes gave a most interesting address on "Woman's Relationship to Civic Responsibility." The speaker outlined the trials and dangers of the woman who enters commercial life, and emphasized the

need of right ideals. Woman may do much to bring about a purer world, a purer society, a purer civic life.

A mistake occurred in the announcement of the Graduation Exercises of the Swan River Hospital, which appeared in the January number. Miss Downey was spoken of as the first graduate. In March, 1909, two nurses, Miss Fraser and Miss Sinclair, received diplomas from this hospital.

Miss C. C. Fraser, graduate of St. Michael's Hospital, who has for some years been Superintendent of Midland and Penetang Marine Hospital, is doing private nursing in Toronto.

Miss A. Weyer, who has been absent from Toronto for some years, has returned, to resume private nursing.

Miss Winterholt, who has had charge of St. Joseph's Hospital, Peterboro, has returned to Toronto to take up private nursing.

Miss K. Ryan and Miss M. O'Boyle, graduates of St. Michael's Hospital, Class '08, entered the community of The Sisters of St. Joseph a few weeks ago. Miss Young and Miss Lalone, also St. Michael's graduates, entered a year ago. These young ladies are not lost to the profession, for at some future date they will be placed in different institutions, where they will assist in training other young women for our noble calling.

Mrs. P. W. O'Brien entertained the Alumnae Association of St. Michael's Hospital at her home in January. A Sick Benefit Fund was discussed, and a Constitution outlined. A very pleasant hour was enjoyed by all.

Miss Anna Connor, graduate St. Michael's Hospital, has been appointed Assistant Registrar of The Toronto Central Registry of Graduate Nurses.

The Florence Nightingale Association held its regular meeting on Friday evening, January 20th, at The Residence, Hospital for Sick Children. Miss McKenzie, First Vice-President, occupied the chair. The Association keenly regrets the departure of Miss Kennedy, its President, but its interest and good wishes follow her to her new field of labor in Victoria, B.C. The meetings will in future be held every six weeks, instead of quarterly. The annual meeting will be held in March.

The regular monthly meeting of the Toronto Central Registry of Graduate Nurses was held Monday, February, 11th, 1911. Miss Fralich in the chair. The Treasurer's report was read, as follows:—Balance in savings account, \$1,083.09; balance in current account, \$220.89; received for fees, \$303.50; received for charts, \$9.50; total, \$1,616.98. Disbursements, \$102.08. Balance, \$1,514.90. There were 231 calls during January, an increase of 49 calls over January, 1910. Some slight changes in the constitution were found necessary and decided upon. Several applications for the position of Assistant Registrar were considered, but no appointment made. At a special meeting, held February 17th, Miss A. M. Connor was appointed Assistant Registrar.

ROSE M. KIMMETT, Secretary.

The sixth annual meeting of the Victoria Trained Nurses' Club was held in the Alexandra Club rooms Monday afternoon, February 6th, 1911. The following officers were elected for the year:—President, Miss Clark, 37 Douglas St.; Vice-President, Miss E. H. Jones; Treasurer, Miss L. Goward; Assistant Treasurer, Miss McN. Jones; Secretary, Miss H. G. Turner; Assistant Secre-

tary, Miss E. Morrison; Treasurer for Sick Benefit Fund, Miss L. Goward. It was decided to hold our annual dance, April 26th. The proceeds will be used to start a fund to buy a Motor Ambulance as a memorial to Miss Florence Nightingale, the first and best of nurses.

The Club is trying to interest the Provincial Government in starting an up-to-date Dispensary, the work to include milk testing, pure food, etc.

A letter was read from C. M. Hood, Winnipeg, re organization of an excursion for Graduate Nurses to the Old Country, July to September. Cost to be \$285.00 to \$295.00, including tips, etc.

Reports from the retiring President, Miss McN. Jones; the Secretary, Treasurer, and Treasurer of Sick Benefit Fund, showed the Club to be in a flourishing condition. The meeting ended with a social cup of tea.

The General Hospital, St. John's Newfoundland, has been unfortunate in losing three Sisters from the Nursing Staff in less than six months. This time Sister Cowan (Miss A. Caslein) has been compelled to resign through ill-health. She has been advised to give up nursing for a year. At the end of that time it is hoped that she will again be able to resume her position on the Hospital Staff.

The Government of Newfoundland purpose erecting a Nurses' Residence in connection with the General Hospital, St. John's, as a memorial to his late Majesty, King Edward VII., who always actively associated himself with every movement for the alleviation of human suffering.

We are looking forward to an account of the Nursing Masque which was held on the evening of February 18th in the Connaught Rooms, Great Queen Street, London, England.

The Nurses of India purpose endowing a bed in Sudhiana Hospital in memory of Miss Thorpe.

The All-India Nightingale Memorial is to take the form of a set of five medals to be given as prizes to nurses. These are to be competed for by nurses in training at their final examinations. The competitions are limited to the largest hospital in each of the following Provinces:—Bengal, with Eastern Bengal and Assam; Punjab, with Northwest Frontier Provinces; United Provinces, with Central India; Bombay, with the Central Provinces; Madras, with the Deccan—until such time as there shall be a Central Examining Board or similar authority, when the competition would be open to all recognized training schools in each Province, as above.—Nursing Journal of India.

The Graduating Exercises of the Belleville General Hospital took place on January 19th. Four nurses—Misses Pearl Wilson, Eva Batshone, Emily Deyell and Margaret Morrison—received diplomas. Mr. J. W. Johnson, M.P.P., occupied the chair. Dr. McColl addressed the graduates, Dr. Gibson presented the diplomas, and Mrs. P. Lewis appropriate badges. Miss Greene, Superintendent of the Hospital, presented her report, which was most satisfactory. Refreshments were served, and a most happy evening brought to a close.

"The Daily Colonist," Victoria, B.C., draws attention to the inauguration of a local branch of the Victorian Order of Nurses, under the supervision of Miss Kennedy, who is specially recommended by the Chief Superintendent.

Miss Mackenzie, of Ottawa. Our best wishes go with Miss Kennedy in her new field of labor. She will be much missed in Toronto, where she was most active in promoting the best interests of the nursing profession, as well as most successful in the practice of her chosen profession.

At the end of the Fall Term, 1910, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, Pa.:

In the Swedish System of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy:—Marion A. Mighton, Painesville, Ohio, Painesville Hospital; Laura C. Crocker, R.N., Graham, Va., Wilson Sanatorium, Wilson, N.Y.; Margaret S. Russel, Grand Rapids, Mich., City Hospital, Baltimore, Md., McKinley Sanatorium, Columbus, Miss.; Lulu B. Harriman, Mawr Glen, Pa., State Hospital, Danville, Pa.; Mary D. Thompson, Marion, Mass., Cottage Hospital, North Hatley, Quebec, Canada; Cora M. Chatham, Lock Haven, Pa.; Anna B. Dolan, New York, N.Y.; Eva M. Gillam, Flushing, N.Y.; Louise Lages, San Francisco, California, St. Francis' Hospital; Effie W. Ferris, Philadelphia, Pa.; Gunning Butler, Elyria, Ohio; Edward Faust, Philadelphia, Pa.; Wm. Becker, Howell, Mich., Grace Hospital, Detroit; Sylvanus W. Stevens, Tedrow, Ohio; Letchworth G. Perkins, Cortland, N.Y.

In Electro and Hydro-Therapeutic:—Eleanora B. Saunder, M.D., State Hospital for the Insane, Columbia, S.C.

In the Swedish System of Massage, Medical and Corrective Gymnastics:—Rosa Herenroth, Philadelphia, Pa.; Bertha L. D. Barnes, San Francisco, Cal.

The second section of the Winter Class begins on March 21st. The Spring Class commences May 23rd, and the Summer Class July 11th, 1911.

The American Journal of Nursing for February takes the form of a Memorial Number to Florence Nightingale, and contains a report of the Service Commemorative of the Fiftieth Anniversary of the Founding of the First Nightingale Training School, held in Carnegie Hall, New York, last May. Facsimile reproductions of two letters written by Florence Nightingale to Miss Scovil are very interesting.

A Branch of the Guild of St. Barnabas is to be started in Victoria, B.C. Rev. A. J. Doull, Dean of Columbia, will be Chaplain.

Miss Ingersoll and Miss Fitch, late of the Fernie General Hospital, left a few days ago for Calgary, Alta., where they purpose taking up private work.

Miss Wyatt, who has been doing private nursing in Fernie, B.C., has charge of Dr. Higgins' private hospital in Hosmer, B.C., for a couple of months.

Miss Mitchell, of Brandon, arrived in Fernie a few days ago and is now one of the staff nurses in Fernie General Hospital.

Miss Gordon Miller, graduate of St. Michael's Hospital, leaves March 8th on a visit to Fort Francis. If she likes the place she may remain to do private nursing.

Miss Boyne, a St. Michael's graduate, who had a hospital position in Buffalo, has returned to do private nursing in Toronto.

Miss Shanahan, graduate of St. Michael's Hospital, has gone to Sudbury to do private nursing.

The regular monthly meeting of the Central Registry was held March 6th. The Registrar's report shows the Registry to be steadily growing in popularity, there being an increase of 81 calls for February, 1910. Twelve new members joined during February, and several applications were considered at the March meeting. Some minor matters of business were disposed of, and the meeting adjourned to meet again the first Monday in April.

ROSE KIMMITT, Secretary.

Miss McNaul, V.O.N., has been appointed district nurse on the Vancouver staff, and Miss Symonds on the Sydney, N.S., staff.

During the typhoid epidemic in Ottawa, Misses Shaw, Hill and Bottelet, Montreal, have been helping on the Ottawa district.

The annual meeting of the Board of Governors of the Victorian Order of Nurses was held at Government House, Ottawa, March 2nd. An account of the proceedings will appear in a later issue of "The Canadian Nurse."

Miss Agnes Boyd, graduate Toronto General Hospital, is visiting friends in the city.

The friends of Miss Annie I. Brown will be sorry to hear of the continued illness of her father.

The Thunder Bay Graduate Nurses' Association held its regular meeting on March 2nd, with a good attendance. Five new members were received. The regular Nurses' Fee is \$25.00 per week, or \$4.00 per day. The Association, though young, is growing in interest and usefulness.

Miss May Brennan, graduate Hamilton City Hospital, Class '09, has been appointed Supervisor of the Operating Room in that hospital.

The Calgary Association of Graduate Nurses has opened a new Nurses' Home and Registry Office at 934 Fifteenth Ave. West. The officers are:—President, Miss Florence H. Saunders; Secretary, Miss Esleu C. Templeton; Registrar, Miss Edith M. Rutherford. Any information will be gladly given on application to the Secretary, 511 Second St. West.

The Alumnae Association of the G. and M. Hospital, St. Catharines, held its regular meeting in the Board Room of the Hospital on Thursday, February 23rd. The President, Miss Knox, occupied the chair. There was a good attendance. After the disposal of business, Miss Crosby, President of The Graduate Nurses' Association of Ontario, gave an address on "Registration for Nurses." Some discussion followed. Refreshments were served, and a social half hour was much enjoyed by all present.

MARRIED.

LEMON—HANLAN—At the home of the bride's parents, "Shady Dell," Wellandport, by the Rev. W. G. Stevens, Mr. H. Hamilton Lemon, of Lethbridge, Alta., to Annie E., eldest daughter of Mr. and Mrs. Ephraim Hanlan. Mr. and Mrs. Lemon will reside in Lethbridge. Mrs. Lemon is a graduate of Hamilton City Hospital, Class '05.

LOFTUS—KELLY—At Holy Family Church, on February 8th. Julia Kelly, graduate of St. Michael's Hospital, Class '04, to S. Loftus. Mr. and Mrs. Loftus will reside in Appo, Ont.

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By G. H. Palmerlee, M.D., Detroit.

This method was first advocated by Grissich about three years ago, and has been given a trial by a great number of surgeons, and it seems to be growing in favor. It is a quick and effectual method of preparing the skin at the site of operation; no scrubbing, or harsh treatment of the epidermis, which always does actual injury, is required. The patient is not soaked with soap, water and bichloride from hips to shoulders, thereby rendering the skin at prominent places of the back more liable to bed sores.

The usual technic is as follows: The patient is given an ordinary bath the day previous to the operation; the part to be operated upon is washed well with soap and water, using a gauze sponge or other soft material so as not to injure the skin; then shave if necessary and apply sterile gauze pad covering the operative field. When the patient is placed on the table the pad is removed, the skin flushed with ether, alcohol, and painted with fresh tincture of iodine (U.S.P.)—a gauze sponge in a haemostatic forcep serves nicely as applicator—and allowed to dry, then apply the iodine again and proceed with the operation. After closing the wound apply the iodine along the line of sutures and press as usual. The application of ether dissolves the fat out of the skin, and is particularly indicated in accident cases when the injured part is greasy.

Water and soap should not be used just before applying iodine, as the water will swell the epithelium and the iodine will not penetrate deep enough, which is the very important factor of this technic. The iodine method is for the purpose of supplanting the scrubbing and washing, and should not be used in conjunction, as it only complicates and defeats the original purpose, of time saving, simplicity and germicidal action.

I think much injury is done to wounds, where the parts are badly mangled or crushed, by over-zealous scrubbing with bichloride and a harsh brush, which no doubt adds to shock, and besides devitalizing the tissues still more, thereby rendering the wound more liable to infection. In crushing injuries it is my practice to apply the iodine freely to the wound.

In emergency work iodine is particularly convenient and effective, it can be carried in a glass-stoppered bottle in the instrument case, and is usually applied pure or in strength of one dram to the pint or quart. It often happens when called to see accident cases there are no clean basins, or water to mix up solutions in. Here is where ideal results may be obtained by sponging the dirt from the wound with sterile gauze and swabbing it with the pure tincture. Iodine is fast supplanting the bichloride of mercury in the operating room. One dram to the quart to rinse the hands, while one dram to the pint is used to irrigate wounds. In very urgent cases demanding immediate laparotomy, use ether, alcohol, and paint with iodine as previously mentioned and proceed with the operation.

Recent investigations as to the comparative germicidal power of the antiseptics commonly used show that the tincture of iodine is much superior to bichloride, potassium per-manganate, trickresol, chinisol, lysol, argyrol and protoargol.

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A personal experience of two years with the iodine method of sterilization in abdominal operations, amputations, resections, wiring of bones, and hundreds of accidents requiring minor operations in the office, and especially at the home, where the surroundings were often anything but ideal for aseptic surgery, has given the most gratifying results. Iodine has long been one of the most valuable drugs, and since it has been demonstrated to be one of the most efficient antiseptics, if not the best, its field of usefulness is greatly enlarged.—Detroit Medical Journal.

DEATHS

MUCKELL—Miss Emily Muckell, Graduate Middlesex Hospital, England, died January 14th, 1911, at the Vancouver General Hospital, of scarlet fever.

Miss Mary Scrace, Class 1913, Hospital for Sick Children, Toronto, died on January 10th, following an operation for appendicitis. She was devoted to her profession. Her amiable disposition and gentle, unassuming manner endeared her to all her associates. Her record in the school proved her aim to be the highest.

The Rev. C. W. Robinson, Davisville, Ont., of whose church she was a member, conducted a service at the hospital, which was attended by the officers and nurses of the Training School.

Miss Harriet M. Putnam, Acting Superintendent of Saratoga Hospital, Saratoga Springs, N.Y., passed away at that institution, after a very brief illness, on January 22nd.

Miss Putnam was a graduate of Grace Hospital Training School for Nurses, Toronto, Class '08. She was Night Supervisor in Grace Hospital for three and a half months, then went to Saratoga Hospital, where she was Night Supervisor for a year, when she was promoted to the position of Assistant Superintendent. The following resolution testifies to her worth as a nurse and a noble woman:—

At the regular meeting of the managers of the Saratoga Hospital, on Wednesday, February, 8th, 1911, the following preamble and resolution were unanimously adopted:

“Whereas, by a mysterious Providence, Miss Harriet M. Putnam, a valued and beloved official of the Hospital, has been taken from us;

“Therefore, resolved, That in her death the Saratoga Hospital has suffered a great loss, as by her ability, loyalty and unfailing devotion to those who came within her sphere of action, she endeared herself alike to all. Her bright, cheerful courage was an inspiration, and her more than willing acceptance of arduous and unexpected responsibilities will not be forgotten by those with whom she labored for the relief of suffering, and we feel that a life of great promise has been cut short.

“Mourning her loss as we do, our heartfelt sympathy goes out to those to whom she was bound by close ties of family and affection, and we offer to them this testimonial of keen appreciation of her worth and deep regret for their irreparable loss.”

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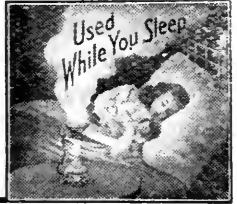
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(Continued from page 177)

cases of typhoid, the patients were also maternity cases. In four cases help was given to wives who had been deserted and were left in illness with young children on their hands. No estimate can be given of the number of office consultations made by visitors and poor people, nor can we record the calls by telephone and the number of letters written to relatives, employers and the different societies. The registration, writing up of cases and cataloguing them, required many hours of systematic work, these records proving useful throughout the year to individuals and societies wishing to look up families.

Between two and three thousand articles of clothing have been given away by nurses and visitors. One to two quarts of milk for one to two months have been sent to 21 poor families suffering from typhoid or tuberculosis. Fuel was provided 19 times. Groceries, soup and other food were sent to almost every family at least once, and sometimes for a few weeks, until the illness had ended, or permanent relief from other sources had been provided. Rent has been paid 27 times, funeral expenses three times, and two loans have been made to respectable people in distress through illness. Work has been found for thirty people. Six children and one mother have been placed in homes, and one child sent to the hospital.

Two people were provided with spectacles after having been taken to have their eyes examined, thereby enabling them to work and earn their own living. Two cases were sent to the Home for Incurables. Four typhoid convalescents and two tubercular patients were given from ten days to three months in the country to re-establish their health; two others were placed in a home in the city for a fortnight for convalescence. One family, whose father we buried after typhoid, was sent to the United States, after having been clothed, fed and housed through several weeks of distress.

The year closed with only half a dozen families on our books, and it is with satisfaction that we record the more prosperous conditions of the sick poor of our city. At Christmas time friends of the Order were able to place 119 Christmas dinners with poor families recommended to the committee by the nurses as having no other prospect of Christmas cheer. Through this office, too, several hundred children were invited to Christmas trees or were provided with toys in their homes.

I would again emphasize the fact that the Relief Committee consider themselves primarily as a medium for placing the sick poor in the care of those agencies for relief which are established especially for that purpose. Only in the event of immediate necessity, are calls made upon the funds of this department of the Order. Respectfully submitted.

February, 1911.

(Signed) HELEN R. Y. REID, Convener.

A post-graduate course in district nursing—four months—is given at one of the four training centres of the Order. Ottawa, Montreal, Toronto, Winnipeg. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

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WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VONCOTZHAUSEN, Ph.G., M.D. (Graduate Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute).

MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL (Pennsylvania Orthopædic Institute.)

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THE NURSES' LIBRARY

Personal Hygiene and Physical Training for Women. By Anna M. Galbraith, M.D., Fellow of the New York Academy of Medicine. 12 mo. of 371 pages, with original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.00 net. Canadian Agents: The J. F. Hartz Company, Ltd., Toronto.

The author has presented in a clear, concise form the knowledge necessary for the intelligent interpretation of the laws of health. Such chapters as Hydrotheraphy. The Care of the Skin and Its Appendages. The Digestive System and the Maintenance of Good Digestion, The Nervous System as the Balance of Power in the Body, The Hygiene of the Mind and Its Relation to the Physical Health, give some idea of the value and scope of the work. It will command a place as a textbook, and is worthy a careful perusal by every nurse.

Practical Dietetics with Reference to Diet in Disease. By Alida Francis Pattee.

This work has long been a favorite with nurses. This is the sixth edition, which has been revised and enlarged to meet the requirements of the State Boards of Examiners. The caloric value of the recipes is given, and a table to assist in computing the caloric value of other food combinations. Part I. deals with Principles of Nutrition and Food Preparation. Part II. with the practical application of these. The improved work will be welcomed by all nurses. Studies in Invalid Occupation. By Susan E. Tracy. Boston: Whitecomb and

Barrows.

The books published by this firm are of such a character as to make one remember them. To write a book on invalid occupation is a good idea, and the book is of practical value to nurses. For children, for nervous patients, for aged patients, for almost all convalescent patients, occupation is a part of the cure, sometimes a great part. This is a handsome book of 175 pages, illustrated, clearly written and well arranged. It is also complete. There is a chapter on "One-Hand Lessons," another on "The Impatient Boy," a third on "Grandmother," and a fourth on "The Business Man." We can heartily commend this work to nurses.

The American Social Progress Series: Misery and Its Causes. By Edward T. Devine, Ph.D., LL.D. London, New York and Toronto: The MacMillan Company.

This is a book which every nurse should read, and which no nurse engaged at all in social work, district work, school work, or tuberculosis work, can afford to do without. It goes to the root of the matter.

"Misery is the denial of that ideal (the ideal of humanity), but misery is cast out, here a little, there a little; for the ideal, and not its negation, is forever true, and in the end omnipotent."

Mr. Devine's book is a plea for sound heredity, protected childhood, a prolonged working age, freedom from preventable disease and from professional crime, indemnity against the economic losses occasioned by death, accident, illness and compulsory idleness; rational education, charity, normal standards of living and a social religion. They are all coming—these things—and Mr. Devine, by his work in "The Survey," in Columbia University, and in the Charity Organization Society, is helping to bring them nearer. The book is good reading.

"specific medication for all diseases would be truly utopian. Fortunately, personal idiosyncrasies the principal factor in the interference of the establishment of internal medicine as an exact science, have no bearing upon a definite treatment for a definite pathological condition, such as is manifested by inflammation, notwithstanding its etiology.

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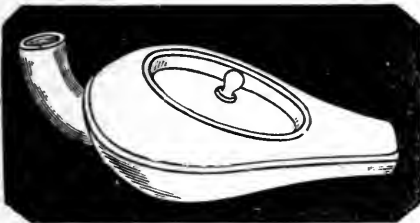
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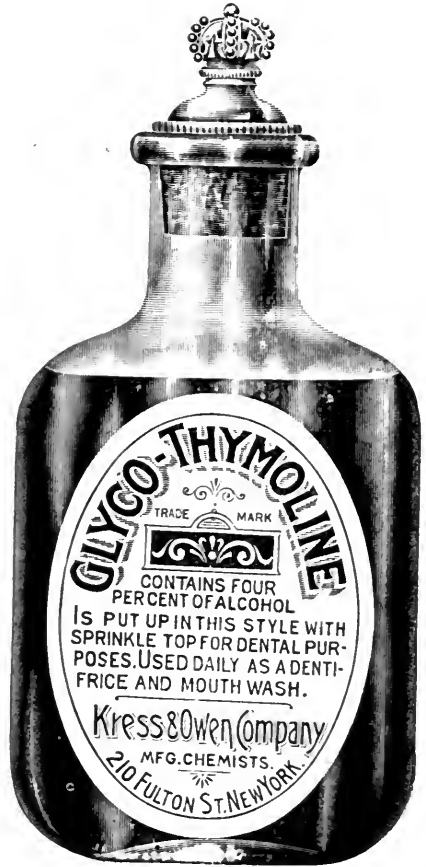
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Vol. VII.

TORONTO, MAY, 1911

No. 5



Florence Nightingale

This beautiful Post Card was issued by the Executive of the Graduate Nurses' Association of Ontario with the object of raising funds for Registration. You may obtain any number from Mrs. Mill Pellatt, 7 Wells Street, Toronto, at 5 cents each, or 6 for 25 cents.

HOSPITAL DEFICITS.

The hospital deficit question is probably not so frequently met with in its acute form in Canada as in the United States, but it is far from being an uncommon trouble. It is a problem which faces most hospitals at some time in their history. It is often preventable, but, judging by observation, not always so. For, just as some children seem to be born with a predisposition to a certain disease or weakness, so, many institutions seem to begin with this unfortunate predisposition to an annual deficit. The reasons for deficits differ, but they can probably be placed in two main classes: Faulty plans and construction, and poor business management. A large number of deficits are or seem to be, due to an initial mistake in the plans and policy of an inexperienced Board of Managers. The hospital itself comes as the result of a vision—an ideal of service which comes to some man or woman. This vision comes of a desire to do something for those less fortunate, or to help the poor and needy in some practical way. Hence the building is planned mainly to accommodate the poor or with a very much larger proportion of beds for free patients than for pay patients—often with much more accommodation for this class of patients than the needs of the community call for. Free beds are provided, but nothing tangible or adequate to support the occupants of those beds—no systematic plan for meeting the expense, and the result is bound to be, in the very nature of the plans, a deficit, large or small. This mistake seems to be well-nigh universal, for I have seen it, lived with it, and heard of it being made in all parts of the country where I have visited. Usually this mistake is corrected in course of time, but the first few months very frequently show only too plainly the primary blunder that has been made. The way to correct it is much longer in coming, and in the meantime the deficit occurs and often becomes chronic.

A study of the per capita cost per day in a score or more of general hospitals devoted to free and paying patients in the last few years, shows that the average cost is somewhere between \$1.50 a day and \$2. In some cases it runs as high as \$2.25 a day for each patient, though this latter figure is exceptional. When we consider the number of patients cared for entirely free of charge, and the large number who pay less than cost, and also remember that endowments are long in coming, it is not difficult to explain the reason why some hospitals have deficits. Mr. Louis R. Curtis, superintendent of St. Luke's Hospital, Chicago, in discussing this question, says: "I venture to say that not more than one-half of the private patients in the average hospital pay the full cost of their care, much less add anything to the net income of the institution. It may be accepted as a maxim that no hospital can conduct a private patient's service without loss, where the lowest rate is less than would be charged in an hotel of a corresponding class."

The remedies for deficits need to be studied with each individual hospital in view, but there are certain general principles which apply to a large number. The extension and improvement of the pay-patient department so that that department will not only pay expenses, but yield a surplus to be used for the support of non-paying or partial paying patients, is one of the

remedies for deficits that is meeting with general favor and good results on this side of the Atlantic.

Some plan by which municipalities may be induced to pay to private hospital corporations, the actual cost of the care of indigent patients instead of a fixed rate of five or seven dollars a week, which is now paid in so many places, will probably be arrived at some time. A better understanding between hospitals in a given city or territory, and a more businesslike policy of charging paying ward patients the average actual cost will also help in reducing the deficit. Other remedies will readily suggest themselves to those familiar with hospital problems.

There is a very definite relation between the training school and the size of the deficit, for the daily routine of a hospital affords large opportunities for waste. Probably every school has spasmodic and periodic lectures or talks on the sin of wastefulness. These spasmodic efforts often seem to put a check on waste for a brief season, but no such methods alone will ever effectually control the problem. In the small hospital, the superintendent can usually keep a hand on the distribution of supplies and a watchful eye over their use, but as an institution grows this becomes impossible and some definite system designed to prevent waste becomes necessary. Various systems have been devised. Any one who desires to establish such a system can easily obtain suggestions based on experience from other hospitals. Miss Lightbourne, Trustee-in-Charge of the Hospital of the Good Shepherd, Syracuse, a moderate-sized institution of about a hundred and twenty beds, has given permission to refer to the system in use in that hospital. Nothing in the line of special supplies for any ward or department is obtained without requisition on blanks provided for that purpose. These requisitions are filed, the cost is estimated in the office, and each week or month the head nurse is informed of the amount and cost of the supplies she has ordered. With the actual knowledge of what her ward has cost, comes the incentive to keep the cost down and to improve the record month by month. Such a system properly managed will produce good results in any hospital. To know is to control. Scolding the nurses, appealing to their consciences, a grudging giving out of supplies that are really needful, or trying to make the one who asks feel guilty, will utterly fail to check waste unless there is some method established by which each yard of gauze, each cake of soap, each catheter, each thermometer, each paper of pins, each piece of linen, each orange, each egg, is recorded and charged to the account of somebody who is accountable for its proper use. Without an account of soiled linen and clean linen going in and out of a ward or department no effective check on waste or extravagant use of linen is possible, for nobody knows just how much was used or was necessary.

A great many hospitals are at a disadvantage in this respect, because there are not permanent head nurses in each ward or department. The apparent saving made by putting pupil nurses into executive positions, is often more apparent than real unless the pupil head nurse has been well trained in the methods to use in the promotion of intelligent economy. In a ward or department of twenty patients, a saving or waste of even five cents for each patient

a day in the handling of the entire supplies used—light, food, drugs, dressings, utensils, linen, etc., will make a difference of thirty dollars a month—a sum which would go far toward paying the salary of a permanent head nurse, who because she was permanent would have an incentive to practice and promote economy. She would have more authority over pupil nurses, and her accumulated experience would certainly be valuable. It is safe to say that with a proper system, and with capable supervisors, a good deal more than five cents a day might be saved in the total cost of caring for each patient each day in many hospitals.

As an illustration of the possibilities of economy that are in a hospital ward I mention an experiment tried in Bellevue Hospital a few years ago, about the time there was such an outcry in New York regarding hospital deficits, and when there was serious danger of some of the hospitals having to curtail their service from lack of funds. At that time Dr. Brennan, President of the Board of Trustees of Bellevue and Allied Hospitals, wrote an open letter from which the following is quoted: "The attention of the visiting surgeon of one of the divisions of Bellevue Hospital was called about a month ago to the large consumption of gauze in his wards, some 2,100 yards having been used in the previous week. He at once made an investigation, with the result that the next week the amount of gauze consumed was only 1,100 yards, and during the week following that, only 610 yards, although the service continued just as active and the patients were cared for fully as well as before.

The operating room nurse in a hospital with an active service can easily waste or save the amount of her salary every month. The waste in the operating room is, of course, not entirely under the control of the training school, but there seems to be a tremendous difference in the amounts of supplies used in different operating rooms doing the same amount and kind of work. An operating room nurse a few years ago undertook to secure from a number of hospitals, figures showing the amounts of certain supplies used. She found that in rubber gloves the amount varied all the way from 12 pairs a month for 252 operations to 300 pairs for 162 operations. In one hospital 80 towels is the average number used for an operation, while another operating room shows but 16 towels used on an average for the same kind of operation. The extravagance in the use of linen in the operating room cannot, of course, all be charged to the nurses, but undoubtedly much of it can, and the head nurse can do a good deal to check it, if she is so inclined. The costly equipment of the modern operating room and general surroundings tend to extravagance, and the pupil nurses often unwittingly and unintelligently, rather than intentionally, acquire the habit of lavish or extravagant use of linen and costly supplies. Gauze is so common, they think it must be cheap, rubber gloves likewise. They know no more of the cost of ligature materials than an infant, so that it is not surprising that when entrusted to handle such supplies, they cut the sutures and ligatures half as long again or twice as long as is necessary, and are blissfully unconscious as to the value of the ends which they sweep up after the operation is over. A systematic course of lectures on hospital economy, starting at the very beginning of a pupil nurse's course, and given

periodically two or three times a year to the different classes, would help a good deal in securing intelligent economy, and the co-operation of the majority in efforts to prevent waste. Ignorance as to the cost of supplies, as to how waste occurs—everyday general ignorance of values, and the lack of a feeling of responsibility on the part of internes, head nurses, and pupil nurses is responsible for much of the waste which we periodically discuss and deplore. Ignorance is always costly, and especially is this true of hospital work.

Some methods of checking waste which are in use in the Massachusetts General Hospital have been described by the present and former superintendents. It is stated that in the operating room each day a slip is made out and turned in to the proper authority, giving the name of the operator, number of sponges taken in to that operation, the number opened, the number used, the amount of catgut opened, and the amount used, the number of towels and various other details. With this information in hand it is easy to compare amounts used by different operators and nurses, and to check waste, because accurate facts are at hand to use.

Two of the main sources of waste are surgical gauze and food supplies. The system of saving gauze and washing and resterilizing it for use as was mentioned, it is stated by the superintendent that, "In the first eight months of 1904 we used over one hundred and forty miles of new gauze three feet wide. In the first eight months after the adoption of the system we used only 51 miles," and a saving of \$3,000 in those months was effected.

Regarding the system of preventing waste of food supplies, the assistant superintendent says: "The tendency of most nurses is to put too much food on patient's trays, sometimes because they do not want to be bothered by serving more food if called for, or because they do not realize that sick people do not eat as much as healthy laborers. We try to have as many wards as possible visited at meal times by the dietitian, the assistant superintendents of nurses, and by assistant resident physicians. Head nurses are, of course, expected to watch the serving carefully. The result is that meals are more attractively served, and unnecessary waste is kept down."

In that hospital also a systematic inspection of the contents of scrap pails is made which results in the discovery of safety pins, rubber dam, knives, forks, and spoons, which, through the carelessness of somebody, have found their way into the waste pail to be burned. We could all add to this list, I am sure. The plan of a systematic inspection of garbage is one that is not commonly followed, judging by experience and observation, but the experience of this hospital shows that it pays well for the time it costs. If the scrap pails are all numbered, it is easy to locate the head nurse whose business it is, or should be, to prevent waste.

A good deal of misconception exists as to the actual cost of the training school, or of training each nurse, and as a matter of fact, we have very little accurate knowledge of the cost. The Worcester City Hospital a few years ago engaged an auditing company to establish a system of accounting which would make it possible to tell exactly what it costs to operate the different departments. They found the cost to the hospital of each nurse per day was.

in 1908, \$1.06, and \$1.08 the year before, or about \$1,165 for the three years' course. Whether this is about the average cost in hospitals, as a whole, I do not know, but it costs more to train a nurse properly than it did ten years ago, and the probabilities are that the cost is not going to grow less. The training school that is properly housed, equipped, manned, organized and supervised, costs something, and the training school which does not cost much in time effort or money, is not worth much. I am fully convinced, however, that as our methods of instructing and supervising nurses, and systematizing our general work improve, as we gain more accurate knowledge of what our methods whether good or bad, cost, we shall come to a clearer realization that there is a very close relation between our training school and our training methods, and the size of the annual deficit. As we grow in wisdom and knowledge, we shall endeavor more earnestly to save from the scrap pails and the junk heap, in order that we may have more money to spend for paid instructors and supervisors and general improvements. Thus far we have not seen fit to include in our curriculum a course in tact, nor one in practical methods of economy—though we readily concede that both of these subjects are of very great importance, in successful hospital management. Perhaps in the future we shall be wiser. We shall find out yet many secrets in the line of economy in the daily routine. We shall save on the one hand that we may have more money to spend for practical improvements on the other. We shall, as we grow wiser, make it possible for every nurse superintendent to have a course in practical institutional management, before she assumes charge of a hospital or training school, and we shall turn out more economical, more widely intelligent nurses from our schools.

C. A. AIKENS.

THE SPIRITUAL SIDE OF NURSING.

That "spiritual fitness" is quite as necessary in a trained nurse as technical ability is asserted by William C. Graves, executive secretary of the Illinois Charities Commission, in an address on "The Nursing Spirit," made recently at a training-school commencement. In like manner, he says, the physician who inspires confidence by his healing spirit wins the battle against illness more quickly and more completely because of the stimulated hopeful attitude of his patient. This kind of applied psychology aids medicine and the knife in many a desperate case where heroic treatment tides over a crisis for a patient who is conscious of what the doctor is trying to do to help him:

"The same holds true of the nurse. Perhaps spiritual fitness in a nurse is more essential to the relief and care of a sick person than is the same quality in a physician. The nurse is in charge practically all the time. The doctor, as a rule, sees the patient at intervals. Hence it is a fundamental necessity that a nurse who wishes to succeed in the largest sense of the word must have the genuine nursing spirit. She must love to care for the sick. She must find her greatest compensation in the realization that persons curably ill are restored to health and the pleasures and comforts of life as the result in part of her tender and intelligent care: and that those who die pass into the great

beyond soothed by the knowledge that a sympathetic soul is watching over them.

"These standards may sound like the thunderings of a sermon, or like a scolding, in a period when too many nurses are coldly scientific in their service. If this is a sermon, very well! Let it be one. I have seen ultra-scientific nurses. It would appear almost that they suppress the sympathy, the tenderness, and the mothering instinct that are supposed to well up in the hearts of all women in the presence of illness and suffering, because it is wearing upon them to expend nervous energy in sympathy and the like, although they perform the specified duties with religious fidelity. Many of these women are most capable scientific nurses, but, if you were ill, which would you prefer, to have one of them care for you or one of those heaven-sent creatures whose gentle touch and whose encouraging words are added to scientific ministrations as an anodyne for your troubled heart and a stimulant for your apprehensive spirit?"

In illustration of what he calls "the nursing spirit," the speaker related the following incident that occurred in Chicago during a period of intense heat:

"During one of these stifling nights an inspector visited the Cook County Hospital. In a certain bathroom was a heat case wallowing in a tub of ice-water. He was a Pole. He was muscular, his hair in a tousled mass was matted down over his eyes, his hands were knotted from hard work, he was indescribably filthy, and he kept up a combination moan and articulation of words nobody seemed to understand. His temperature was bumping the top of the tube. His death was a matter of a few hours. Beside the tub containing this brawny laborer stood what the novelists call 'a slip of a girl.' She was eighteen years old. Her brown, wavy hair, her large, blue eyes, set far apart and tender but full of the spirit of conflict, and the pink that came and went in her cheeks when she performed some unpleasant task, presented a striking contrast with her uncouth patient. She was working over him as if he were her sick baby. She was genuinely mothering a hulking, strange, sick man. When this young nurse paused for a moment in her exertions, the inspector, who had been looking on, said:

" 'You seem to be taking pretty good care of that poor fellow.' "

" 'He needs it,' she replied. "

" 'Who is he?' the inspector asked. "

" 'I don't know,' she replied, 'but I do know that he has had a hard time and that he is very sick. The police brought him in.' "

" 'Do you think you are able to cure him?' the inspector ventured. "

" 'Yes, I do!' she cried. 'He must get well!' "

"He died in the early hours of the next morning. The nurse's battle was a losing one. When the inspector was at the hospital again, he asked her how it was she was so sure that patient would recover. She smiled and said:

" 'I never give up a patient unless he is dead. I am a nurse.' "

"So she was. That young girl exemplified what I mean by the nursing spirit.

"Now there are nurses and nurses. Some are natural nurses, who possess only the nursing spirit. Some are scientific nurses, machine nurses, you might say, who secretly believe and sometimes openly affirm that they are just as competent as, or even more competent than, doctors. Some are nurses 'for the fun of it.' Some are nurses because they are pretty. Some are nurses because they are rich and don't know what else to do with their time. Some are nurses who work in sole anticipation of the 'day off.' Some are nurses only for pay. Some are nurses, who, like the bibulous and cucumber-loving Mrs. 'Sarey' Gamp, think of their comfort and not of the patient's welfare, and, also, 'stand in' with an undertaker who is 'right.' Some are nurses whose business I do not care to discuss before you. None of these nurses is fit for service . . . in these days of progressive and high-grade care of the ill. The ideal nurse, I think, is one who has the nursing spirit, who is neat, good, and wholesome, and who has acquired and can apply scientific knowledge of the art of nursing under the direction of a competent physician or surgeon."—The Literary Digest.

HISTORY OF THE LADY STANLEY INSTITUTE, OTTAWA.

In the latter part of the year 1889, Her Excellency the Lady Stanley of Preston originated a scheme which was destined to result in what is now known as "The Lady Stanley Institute," the home and school of the nurses of the County of Carleton General Protestant Hospital, but which was in the early days of its history an independent institution for the purpose of teaching and accommodating nurses, who were then sent out to do district nursing, private nursing and hospital nursing, as occasion required.

On February the 18th, 1890, at the suggestion and invitation of Her Excellency, a meeting was called, when, by formal resolution, practical effect was given to the inspiration of a few months previous. The first step taken by the Executive Committee, then appointed, was to decide that the proposed institute be named "The Lady Stanley Institute for Trained Nurses," thus identifying it permanently with the name of Her Excellency, who, with the Baroness McDonald of Earncliffe, had taken a most active part in the promotion of the project. Her Excellency was appointed Honorary Vice-President. An appeal was then issued to the public for subscriptions, which was generously responded to, and in less than one year \$13,885.50 had been subscribed. The provisional committee did not, however, await the collection of that amount, but in the spring of 1890 proceeded with the purchasing of a site, obtained, accepted and approved of a plan and specifications, then called for tenders for the work of construction. On the 14th of June, the same year, the Executive Committee called a meeting of the subscribers, submitted to them, and obtained their approval of a declaration and certificate of incorporation. Seven days later, after having secured the requisite statutory charter of incorporation, the work of establishing and maintaining the institute was handed over to a Board of Directors, who were elected by the subscribers. The necessary officers and committees were then chosen and by-laws adopted.

On the 21st of May, 1891, the institute was completed at a cost of \$15,830, furnishings \$3,000, making a total cost of \$18,830.

The formal opening of the institute was by His Excellency the Governor-General, Lord Stanley of Preston, on the 21st of May, 1891.

Up to the time of the completion of this scheme there did not exist in Ottawa a training school for nurses, hence the move on the part of those who were familiar with the conditions, which called forth the inauguration of this necessary feature, in which Ottawa as a prominent city of Canada was lacking. Therefore, the institute was established for the education of women as nurses, and to afford a home for those who were graduated. A Lady Superintendent was appointed, two Graduate Nurses as assistants, and eight probationers comprised the Nursing Staff, thus the school became established. A short time later negotiations were entered into with the Protestant Hospital, whereby nurses of the institute were to receive practical experience in caring for the sick in the wards of the hospital. In addition to this experience in the hospital, nurses were sent out to do district and special nursing. At this time there were forty-five patients in the hospital.

A course of lectures was given to the nurses free of charge, by members of the Medical Staff. These lectures were open to outsiders at a small charge for the course. The Lady Stanley of Preston, from funds collected by herself, purchased a library of medical works at a cost of \$70. In 1893, the Earl of Derby presented to the institute twenty-five shares of stock in the Rideau Skating Rink, which were sold to purchase a piano, which adorns the nurses' sitting room. In the same year the Countess of Derby, at her own expense, presented medals to the nurses on the day of their graduation. In 1901 the institute and hospital became amalgamated, the hospital accepting complete control and ownership of the institute, and thereby becoming responsible for its maintenance, and assuming all its liabilities.

At the present time, the institute, although no longer an independent institution, has lost nothing of its identity.

We may assume to believe that the philanthropic pioneers of this, the first training school for nurses in Ottawa, are happy in the knowledge that their earnest efforts have not been in vain, but, on the contrary, have resulted in an institution whereby over one hundred and fifty nurses have received a course of training, and received diplomas, fitting them for the work of administering comfort and care to many thousands during days and nights of suffering. The number of nurses on the Training School staff has continued to increase with each succeeding year, and at the present time consists of forty-four pupils, one Graduate Head Nurse, one Assistant Superintendent, and Superintendent.

The Lady Stanley Institute has the distinction to-day of ranking with schools of the highest standard in the State of New York. In the completeness of its curriculum, educational requirement, and average rank, it meets with all the requirements of the Statute of the New York Educational Department, with which it registered on the 21st of December, 1904, thus making graduated pupils of its school eligible for the State registration and duly qualified to use the title R.N.

In conclusion of this brief sketch of the history of the Lady Stanley Institute, it might be of interest to add a few lines in interpretation of the Stanley Crest, which is part of the Lady Stanley Institute seal. Its accompanying motto is: *Sans Changer* (Without Change).

The History of the Stanley Crest.

In the reign of Edward the Third, Sir Thomas Lathom married Eleanor Wodville. Only one child issued from this marriage, a daughter. Sir Thomas, seeing that the estates of Lathom, at his death, would pass to distant heirs in the female line, was very anxious for a son. Some years after his marriage a waiting maid of Lady Eleanor's household gave birth to a son. The mother, driven from Lathom through the severity of Lady Eleanor and neglect of Sir Thomas, resolved to destroy the child. To accomplish her object she wrapped the infant in swaddling clothes and placed it at the foot of an oak in Lathom Park, in which an eagle had built its nest. Sir Thomas, while hunting, heard the cries of the child as the eagle was in the act of raising it from the ground, and shot the eagle. Lady Eleanor took the child and adopted it. The boy grew up to manhood under her care, and became renowned for his great strength and daring. He became a great favorite of the King, who conferred on him the honor of knighthood, and the name of Lathom—Sir Oskatell Lathom. Sir Thomas, at his death, left Sir Oskatell a large part of his estates, including Lathom Castle. In the meantime, the daughter of Sir Thomas had married Sir John Stanley. Sir Oskatell never married. Being of a war-like spirit, he joined the English Army under the Black Prince, then in France, and was killed in the battle of Agincourt.

By his will, all his estates passed to Sir John Stanley, who adopted his Crest, the "Eagle and the Child."

FROM NEWFOUNDLAND.

This very interesting letter was written to the Alumnae Association of the Royal Victoria Hospital, Montreal, by Miss Gilmour, Grand Falls, Newfoundland. The story of a nurse's work and how emergencies are met is ever interesting to nurses, and our readers will be pleased to have the opportunity of reading this letter.

Miss Gilmour says:—

My work has in many ways proved novel and interesting since coming here, but chiefly so in connection with an outbreak of typhoid fever during last summer and autumn. I thought possibly you might be interested in hearing something of this, so have concluded to make this the theme of my letter to you.

To begin with, our little hospital, which was built to accommodate nine patients, was barely ready for occupation at the end of June, and even then not free from workmen. We were really not settled when our first typhoid case was admitted in the middle of August.

This one was soon followed by another, and then another, till all our beds were filled. All other patients but one were discharged in order to make room

for the new-comers. Extra beds were put in the ward, and the plan hit upon for the first extra beds we followed throughout, which was simply a bed spring or a cot, with a frame made of wood to rest upon, to raise them on a level with our hospital beds, and they proved very satisfactory.

The ward filled to overflowing, we next took possession of the solarium opening off it, where one, then two, and finally three patients were made room for.

After this, what was to be done? The cases were still cropping up, and had to be accommodated, so a temporary structure was built, leading off the solarium, which allowed room for sixteen patients.

In having this built, one end was left half open to allow for plenty of air, with simply a covering of wire netting, which latter was an absolute necessity to keep out the flies. Outside, two curtains were put up, which could be let down when required, these being made of very heavy canvas. Soon our beds here were filled, and we began to observe how rapidly the temperature of those near this open end of the building went down. One man, in particular, came in looking as sick and heavy as typhoids look when they are sick, and in two days was a source of never-ending wonder to us all. After a few days of this, suddenly one afternoon his temperature indicated a pack, and we found a blanket had been given him in the night and left on during the day, and it was rather a warm day. It was removed, and an hour after the temperature had fallen one whole degree.

Next we began to observe how much more quickly the patients in this "Annex" improved, than the ones in the ward. The windows were left wide open in the latter, and there was always plenty of fresh air, and the same treatment in every way was observed throughout.

On warm days the packs were many, and on cold days only an occasional one had to be given, and more likely none at all.

Very soon this building became too small and had to be enlarged, and later on, still further enlargement was necessary, until finally, at one time, we housed fifty-two patients. Still we found the patients near the open end improved more rapidly than the others, until it became a rule with us to put the sickest patients there, and in every case the treatment met with success. Many times a patient, say five or six beds down, would be having packs regularly every four hours, or nearly so, and when put in this bed would probably have only one in the twenty-four hours.

As the time went on and the weather became cold, it was necessary to have some stoves put up, and those near the stoves improved so slowly, comparatively, that eventually we put the convalescing ones near them. These people love a stove as they love their lives, but all wanted to keep away from them, and one case comes to my mind at the moment where we had to move a convalescent away from it, as he was so afraid it would do him harm, and, true enough, he did better after he was moved. Of course, in his case it was a mental condition, I feel sure; I only mention it to let you see how the patients themselves became convinced of the fact. On entering the hospital, the heads were shaved, and whether it was due to the continual cold on the shaved heads or not, I cannot say, but though they had headache when they came in, there

was comparatively little after the first day, and I am convinced this was the reason. Ice-caps were discarded very early in the outbreak. As the weather became colder, it was a problem how to have them comfortable at night. The daytime was all right, but the nights here are very cold in the autumn. One dozen hot-water bags and one-half dozen hot-water tins were a very liberal supply for nine patients, but did not go far with fifty, and while extra blankets were, of course, brought into requisition, they did not seem to meet the requirement. Hot bricks were suggested, and these proved most satisfactory. Every night one, or more if necessary, was wrapped in paper and placed in each bed, and though the occupant of the bed was not hot, I can assure you he was warm enough, and thus we managed to keep them comfortable.

As the weather became colder, the advantage of the cold was more markedly demonstrated (and some nights it was dreadfully cold, too). Numbers of the cases who would have a temperature of 104 degrees or thereabouts on admission, would in a day or two drop below packing point and stay there. When they came in they looked typical typhoids, heavy and sick, but in a day or two the majority of them looked as if very little was the matter with them, and I am convinced that it was due to the amount of fresh air and the coolness of it.

Now as to results: Out of one hundred and eight cases there were only two deaths, and in reality only one from typhoid, for one of the two, a woman who had been dreadfully ill and was well enough to be out of bed, went right down again, with nothing to point to a relapse and a great deal to a tubercular condition, so you will see it was less than one per cent. Do not think they were not sick; they were; we had bad hemorrhages and other complications, and two or three delirious at a time. Many, many of them had a heavy dose of it.

When they left the hospital, they all looked remarkably well for typhoids, and with such pressure as there was, you may rest assured that they were sent out as soon as it was at all possible for them to go. This may possibly be no new thing to most of you, but I must admit it was interesting to me.

The idea of having plenty of cool air came to us in this way: The reason for cold treatments at intervals is to reduce the temperature and save tissue waste. Now, if this can be done constantly, and not every three or four hours, why should it not be advantageous, besides avoiding the nervous disturbance that necessarily comes with these cold treatments? And I think the wonderfully good condition in which they left us showed how much was due to the constant cold keeping the temperature down to a point where the tissue waste is comparatively little, if any, above normal.

No patient was allowed to see more than one visitor a day, and then for five or ten minutes only, and this, we feel, was most beneficial. They knew they would have no more, and their friends understood the same, and there was an end of it, at least in so far as the patients were concerned. Of course, we had more trouble about it, but in almost every case the friends submitted with very little objection when the matter was explained to them, and, as everyone was treated alike, there was no dissatisfaction about it.

One other interesting feature I must mention, and that is in connection with the nurses themselves. Two of them, who worked practically nowhere else but in the "Annex," daily added to their weight, and when they returned home, their friends thought by their appearance that they had been away for a holiday; and if ever nurses worked hard, I can assure you these two did, but their work in the fresh air, even though they were hard at it, had this good effect upon them. When they commenced work in the morning, at first they shivered with the cold, but soon became used to it, and enjoyed working there better than inside the hospital, except on bitterly cold days, when, I fear, it was rather a fight to see who could wash the diet cups, as they could then get their hands in hot water. Still, they did not mind all this, and as we saw the effect of the cold, we were intensely interested, and did not mind what we did so long as the result was so satisfactory.

Of the time we had arranging to look after all these and providing for them, we will say little. It can be better imagined than described. Gowns and bed linen for the patients, where it is almost impossible to find anyone to do any sewing for you; accommodation for eight nurses, instead of two, and everything in proportion; but we came through it all right, tired out, we will acknowledge, but feeling thankful for the result. There is a certain satisfaction, too, in having carried it through. It was the exception to have any patient leave without expressing very decidedly his appreciation of the care received, and this is always helpful.

The company gave me a perfectly free hand from the first, to do whatever I thought necessary. This was the greatest help imaginable, and I shall never forget their appreciation of the work we did.

THE NURSING MASQUE.

The wonderful demonstration of the Evolution of Trained Nursing was such a picture as those who saw will never forget. What an education it was, too! The British Journal of Nursing says:—

"Trained nurses are proud of the traditions of their profession, and jealous of its honor, and they were therefore keenly appreciative of the proposal that the Evolution of Trained Nursing should be demonstrated by a pageant and masque, in which their aspirations should be represented by beautiful imagery, and some of the principal characters of the past represented in living pictures. No better method could be adopted of informing the public how throughout the ages illustrious men and women have served the sick, and handed down to their successors traditions of devotion and heroism which cannot be excelled, and which must inspire every nurse worthy of her calling to combine with the greater knowledge of the present the rare courage and self-sacrifice characteristic of a long line of predecessors whom she must ever hold in honor. Moreover, the pageant was designed to support the Bill for the State Registration of Trained Nurses, and on that ground alone commended itself to the more intelligent.

"The pageant and masque took place on February 18th, in the Connaught Rooms, Great Queen Street, W.C., and from beginning to end was an unqualified success—indeed, more than a success, a triumph. The guests were re-

ceived by a Reception Committee, which included Lady Wynne, Mrs. Alec Tweedie, Mrs. Mackenzie Davidson, Mrs. Timbrell Bulstrode, Mrs. Walter Spencer, Miss L. V. Haughton and Miss M. Huxley, in the vestibule at the head of the stairs leading to the Grand Hall. The reception was announced for 8 o'clock, but an hour before that time the guests began to arrive, and they poured in continuously in a steady stream until the hall was filled by an expectant audience of nearly 800 people.

"At the further end a dais decorated with choice white flowers and green foliage was erected, on which was placed the throne of Hygeia, and expectation was at its height when the picturesque master of ceremonies announced:

"My Lords, Ladies and Gentlemen,—Pray silence for the Pageant, and Masque on the Evolution of Trained Nursing and the Right of Life to Health. Hygeia, Goddess of Health, will now lead the procession of Immortals."

"Then the great doors at the end of the hall were opened, and Hygeia, impersonated by Miss Irene Fergusson, appeared; a vision of loveliness in white archaic Greek draperies, her classical head and fair hair crowned by a wreath of golden laurels. Round her arm was twined a glittering green serpent, with ruby eyes, emblem of the wisdom of the healing art, and she carried its golden bowl. As she moved slowly up the hall, attended by the elements, Earth, Air, Fire and Water, she appeared the incarnation of health, life and beauty. After her came the Spirit of Nursing, Miss Cecelia Cecil, in soft pearl grey, with a galaxy of Attributes—a charming group, in the colors associated with their virtues. Every detail of their dress had been most carefully planned, and the result was most harmonious and effective."

Speaking editorially on "The Spirit of the Pageant," the same journal says:—

"No account of the Pageant on the Evolution of Trained Nursing would be complete without an attempt to give expression to the spirit which inspired all those who took part in it. The charm with which Miss Irene Fergusson played her part as Hygeia, the earnestness of Miss Cecelia Cecil, who entered so thoroughly into the Spirit of Nursing that she seemed its incarnation, and the skill of Miss Winifred Bridger as Science, were realized by everyone present. But in addition to the principal actors, the pageant owes much to the large number of matrons, sisters and nurses, as well as to the medical men, who took part in the procession, and demonstrated that the spirit of devotion to the sick is confined to no age, no country, and no creed, but that men and women of all ages have spent their lives in the service of their fellows.

"To interpret this spirit, to honor the heroes and heroines of the past, to show what waste of life, and of service, result from lack of knowledge, and thus to demonstrate the justice of the demand for a uniform minimum educational standard for nurses, the attainment of which shall be followed by their registration by the State, was the task to which the National Council of Nurses set itself. And to this end everyone brought her best. Miss Mollett, her clever pen which produced a masque of high literary merit, Miss F. Sleight, her exquisite needlework in fashioning many of the beautiful banners which formed so notable a part in the procession, and hundreds of others the best talents which they could lavish.

"Everyone who saw the procession on Saturday last, at the Connaught Rooms, must have realized that a wealth of thought and work had been expended on the various details to bring it to the perfection attained, for perfection of detail was perhaps its chief note, nothing tawdry, nothing garish found place in it. Nurses were there to do honor to their profession, and they brought the best they had to give. It was this which so impressed those present, and the description of the pageant by the Daily News as a 'beautiful spectacle in aid of a cause,' characterized by 'dignity, picturesqueness, and an atmosphere of indefinable charm,' probably voices the feeling of everyone in the hall.

"In addition, there was an underlying electric current of intense earnestness, which found outward expression when the banner 'State Registration' was acclaimed with manifest depth of feeling. The pageant should be as perfect as possible, because it was in support of a cause of supreme importance to the sick, of supreme importance to trained nurses. This was the spirit which impelled nurses to spare no pains to make it a success, what matter though they encountered opposition and misrepresentation in so doing.

"For more than twenty years men who oppose the petition of nurses for registration have used similar weapons in their unworthy and unmanly opposition to the just demands of a body of women, whose services are indispensable to the community and the State, but they have failed, as they must fail, because they cannot realize that the conviction with which they are confronted eludes such methods, and that the inexorable law of evolution will prove their Nemesis."

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its monthly meeting on April 3rd, at the Brown Betty, 42 King Street East, Toronto. The President, Miss L. L. Rogers, occupied the chair. Fourteen new members joined the society. At the close of the business meeting, a very enjoyable time was spent while refreshments were being served.

Miss Ella J. Jamieson is spending a very pleasant holiday at Sault Ste. Marie, where she has gone to rest after a year's hard work. Miss Ida M. Boyce is acting as substitute during Miss Jamieson's absence.

Miss Gertrude Forbes, R.N., has completed her month's post-graduate in school nursing, and is acting as substitute during the month of April on Miss Rogers' staff.

Miss Jennie N. Irving has completed her post-graduate course and has taken up district nursing.

The Toronto School Nurses are receiving a course of lectures at the Dental College, that they may more readily detect abnormal conditions in the mouths of the children.

During the month of March the School Nurses succeeded in having 333 children get their teeth filled, 54 have tonsils and adenoids removed, and 78 fitted with glasses.

On April 5th Miss Lina L. Rogers, R.N., addressed the graduating class of the Royal Victoria Hospital.

GLEANINGS

It is not known to all nurses, says a writer in the Hospital Review, that flies and mosquitoes hate the smell of lavender. In my nursing I managed to secure sleep for a fly-tormented patient in the following simple way:—Pour into an atomizer a teaspoonful of oil of lavender, add to this as much alcohol as will make a saturated solution. Lightly spray a pillow with this, and place it under the patient's head. If the flies are very bad, cover the eyes and nose, and spray hair, night dress and bed clothes. Not a fly will come around while the odor is perceptible.

DRY IODIN CATGUT.

Ordinary catgut, just as it is bought from the dealers, is wound 'on to the well-known glass spools, in a single layer, and fastened at both ends, so as to prevent unraveling. It is then placed for five days in a 5 per cent. alcoholic solution of iodine in a tightly closed vessel (museum jar). On removal it is spread out on a sterile towel, covered by another sterile towel to facilitate drying, and is finally kept in a sterile container. Moscheowitz (*Annals of Surgery*) has proved to his own satisfaction, clinically as well as experimentally, that this dry iodine catgut is absolutely sterile. It is impossible to infect it by ordinary means. Its imbibition with iodine is not sufficient to act as an irritant on the tissues. Its tensile strength is superior to catgut prepared by other methods, and it is absorbed only after it has served the purposes for which it was intended.—*The Dietetic and Hygienic Gazette*.

Egg Cocoa.—Make the cocoa in the usual way, and when it has cooled slightly, stir in an egg just beaten enough to separate it, not enough to make it foamy. This is a good disguise for egg.

Silver nitrate stains may be removed from towels by soaking them for two hours in a solution of bichloride of mercury (1-250).—*The Trained Nurse*

THE ART OF MOVING THE PATIENT.

In transferring a patient from one bed to another, or from a stretcher to a bed, it often happens that nurses, for lack of a knowledge of the right technique, do not accomplish this duty with the maximum comfort to the patient or the minimum expenditure of strength on their own part.

The right technique is to have the bed to which the patient is moved either at right angles to the one on which he is lying, or with its head on a line with the foot of the other. Both nurses then stand on the same side of the patient, and between the two beds, if they are side by side. One supports the head and upper part of the trunk, and the other the lower part of the trunk and the legs. The one in charge of the lower half of the patient then describes a quarter circle, or half circle, as the case may be, the other one following her lead. The move is thus accomplished with ease. If a patient is not very helpless and heavy, it is quite easy for one nurse to move him in this way.

The method is worthy of note as one by which it is easy, in the ordinary daily bed-making, to move a patient for a few minutes on to an empty bed while his mattress is turned.—*British Journal of Nursing*.

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Editorial

A SERIOUS QUESTION.

The question of the amalgamation of the two Associations—The Association of Hospital Superintendents of Canada and The Canadian Society of Superintendents of Training Schools for Nurses—will come before the convention at Niagara Falls in May. All Superintendents of Hospitals and Superintendents of Training Schools—in fact, all nurses—are keenly interested in this question. Much may be said against the multiplication of organizations, but is it an unnecessary multiplication in this instance? The problems of the Superintendent of the Training School are not the problems of the Hospital Superintendent.

It is true that, in many of the smaller hospitals, one person holds both positions, but when we think of the vast number of nurses who will be affected by the loss of the identity of the Superintendents of Training Schools for Nurses, the grave importance of this question is forcibly brought home to every nurse in Canada.

THE NEW GENERAL HOSPITAL.

The cornerstone of the new Toronto General Hospital was laid on April 11th, at 11 a.m., by His Excellency, Earl Grey, Governor-General of Canada. Mr. J. W. Flavelle, chairman of the Board of Governors, presided. Addresses were given by President Falconer, of the University, Mayor Geary, Sir James Whitney and His Honor, Lieutenant-Governor Gibson. Rev. Dr. Carman read the Twenty-third Psalm, and Bishop Sweeney offered prayers appropriate to the occasion. His Excellency, Earl Grey, then proceeded to lay the cornerstone with the beautiful silver trowel, suitably engraved, which was presented to him for the purpose. His Excellency gave a short address, and the singing of the National Anthem closed this interesting and important ceremony.

FORWARD ALWAYS.

Another step gained in the forward march of Registration for Nurses! The nurses of Oregon have secured State Registration. Miss Linna G. Richardson, who was appointed to look after the interests of the Bill at the capital, states:—"The Oregon Bill for Registration passed through both houses * * * without suffering mutilation in any way * * *." This speaks volumes for the careful, tactful work of Miss Richardson. The Examining Board is composed entirely of nurses.

"The Canadian Nurse" extends its most hearty congratulations to the Oregon State Association of Graduate Nurses.

AN OUNCE OF PREVENTION.

The International Commission on Control of Bovine Tuberculosis met in Buffalo on February 27th. It was decided to prepare a pamphlet on this important subject for wide distribution. Information of this kind will be of immense value in educating the public to the dangers of impure milk. "An ounce of prevention is worth a pound of cure" is always applicable. This Commission meets in Toronto late in August.

THE QUEEN'S NURSES' MAGAZINE.

This magazine, now in its seventh volume, has entered upon a new stage in its history. The Council of the Queen's Institute, realizing the value of the magazine to Queen's Nurses, has undertaken the financial and business management. An Editorial Committee has been appointed, of which Miss Amy Hughes is President and Miss L. A. Maule has been appointed Assistant Editor.

Lady Hermoine Blackwood has done noble work in establishing this magazine, having borne the whole burden during these six years. Queen's Nurses, and, indeed, all nurses, owe her their deep and abiding gratitude.

THE NEED EMPHASIZED.

Kai Liaki, the journal of the nurses of New Zealand, giving some observations of nurses who have visited England, says:—

"There is practically no protection for the trained nurse in England. Women with little or no training at all get work as easily as those holding hospital certificates. The majority of the medical men and trained nurses are making a big fight for State Registration, and the public are at last waking up to the fact that they are often defrauded, and instead of having skilled nursing for cases of illness, are often attended by ignorant women."

It is only when such an opportunity makes it possible to compare conditions that the nurses of New Zealand realize how much State Registration has done towards keeping up the standard of nursing there.

The same lack of protection is found here. But there is a hopeful indication that nurses all over Canada are beginning to realize that an earnest, combined effort must be made to correct this condition of things.

Will the testimony of the New Zealand nurses not spur us on to greater and more united endeavor to place our profession on the high plane it should occupy, and give to its members the benefits and protection of Registration.

THE TRIENNIAL MEETING.

The triennial meeting of the Canadian National Association of Trained Nurses will be held at the Public Library, Niagara Falls, Canada, May 22nd, 1911, at 2 o'clock in the afternoon. All affiliated associations are earnestly requested to send delegates to this meeting at which it is proposed to complete the organization of the Society, receive reports and elect officers for the ensuing three years. Addresses will be delivered by Miss Goodrich, President American National Association, and by Miss Snively, President of "The Canadian National Association of Trained Nurses."

NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

The monthly meeting of the Nova Scotia Graduate Nurses' Association was held at Restholm on April 1st. Owing to the unavoidable absence of several members of the Executive Committee during the month of April, it was decided that the proposed sale of work in aid of a Nurses' Sick Benefit Fund should be postponed until the autumn, the committees remaining as previously elected.

Miss Kirke and the nurses of the Victoria General Hospital, and Miss Sampson and the nurses of the Nova Scotia Hospital, have promised to make themselves respectively responsible for the principal booths of fancy and plain work. The Department of a Nursery Booth is to be in charge of Miss F. Fraser, R.N., of the Halifax Children's Hospital, assisted by nurses of Restholm and Miss Wrayton.

Contributions of several articles for the sale have already been received from members of the Association and from others interested in the object.

Monthly reports from the secretary and treasurer were submitted. The registrar reported that the number of private nurses registering this spring had been insufficient for the demand.

During the month of March forty-one calls for Graduate Nurses had been received. On two occasions attendants (uncertified nurses) had been accepted as substitutes; on three occasions Graduates had been temporarily supplied from the Restholm staff, and for two calls no provision could be made. Several members on the Register of Private Nurses had recently left the city, Miss Archibald, Miss Horton, Miss Murray and Miss Minard to practice their profession in Western Canada; Miss Barrington traveling in Europe, and Miss Graham also on a vacation trip.

Other nurses had accepted institutional vacancies: Miss E. Corey, Supt. Nurse, Kentville Sanatorium; Miss K. Dowd, Head Nurse, John Backster's Hospital, U.S.A. Miss M. Wrayton is Superintendent St. Joseph's Hospital, Glace Bay. Miss F. Sheridan is on staff (temporarily) of Halifax Children's Hospital. Miss Corbreen is on staff at Restholm, Halifax; Miss K. Christian on staff of Restholm, Halifax. Misses Bettier and Sullivan are on staff of Medical and Surgical Hospital, Bar Harbour, U.S.A.

BIRTHS.

CARDER—December 24th, 1910, to Dr. and Mrs. E. D. Carder, a daughter.

Mrs. Carder was formerly Miss B. McLennan, Vancouver General Hospital.

PAIN—At Fisherville, on February 4th, to Dr. and Mrs. Albert Pain, a son.

Mrs. Pain (nee Margaret Melrose) is a graduate of Hamilton City Hospital, Class '09.

CHILDS—At 119 Hughson St. North, Hamilton, on February 13th, to W. H.

and Mrs. Childs, a son. Mrs. Childs (nee Josie Mayne) is a graduate of Hamilton City Hospital, Class '06.

McMAHON—At 212 West Fortieth St., New York, on February 8th, to Dr.

and Mrs. John J. McMahon, a son. Mrs. McMahon (nee Frawley) is a graduate of St. Michael's Hospital.

OFFICIAL DEPARTMENT.



- Queen Alexandra's Imperial Military Nursing Service.
- The Canadian Permanent Army Medical Service (Nursing Branch).
- The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Mackenzie, Chief Supt. V.O.N., 578 Somerset St., Ottawa; Secretary, Miss Scott, 11 Chincora Ave., Toronto.
- The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Sec.-Treas., Miss F. M. Shaw, Ste. Agathe, Que.
- The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.
- The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.
- The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gauld, 375 Langside St., Winnipeg.
- The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.
- The Graduate Nurses' Association of Ontario.—President, Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.
- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.
- The Guild of St. Barnabas for Nurses.
- The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.
- The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.
- The Calgary Graduate Nurses' Association.—President, Miss Dewar, 324 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.
- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 630 Sixth St., Harriston.
- The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave, Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harriston.
- The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.
- The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.
- The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.
- The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.
- The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy, Mrs. W. J. Crothers, Jr., 86 Barrie St.
- The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.
- The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaheer.
- The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.
- The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.
- The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.
- The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.
- The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec. Miss E. Ross Greene, 418 Sumach St.
- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.
- The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.
- The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.
- The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 171 Delaware Ave.

OFFICERS OF THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President, Mrs. Findlay, 649 Church St.; First Vice-President, Miss Ellis, General Hospital; Second Vice-President, Mrs. H. Richie; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Treasurer, Mrs. Pellatt, 7 Wells St.

Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Committees—Sick Visiting, Miss Brereton; Registration, Miss Bella Crosby; Programme, Miss M. E. Christie; Social and Lookout, Miss Kilgour; Press and Publication, Miss Julia Stewart; Central Registry, Miss J. W. Ferguson, Miss H. B. Fralick; Canadian Nurse Representative, Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Power, 9 Pembroke St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss Ryan, 491 Broadview Ave.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmitt, 418 Sunnyside St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

Regular meeting, second Monday, at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

WAR OFFICE, LONDON, S.W., 14th March, 1911.

The following ladies have received appointments as Staff Nurses:—

Miss V. L. W. Bird.

Miss A. Bradley.

Miss C. V. E. Thompson.

Transfers to Stations Abroad.

Sisters.

Miss E. Foster, to Malta, from Royal Victoria Hospital, Netley.

Staff Nurses.

Miss G. H. Sellar, to Egypt, from Military Hospital, Curragh.

Miss K. F. G. Skinner, to Egypt, from Military Hospital, Curragh.

Miss C. Macrae, to Gibraltar, from Military Hospital, York.

Promotions.

The undermentioned Sister to be Matron:—

Miss F. M. Hodgins.

E. M. McCARTHY,

For Matron-in-Chief, Q.A.I.M.N.S.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.*

.

*My soul will be a-dry before,
But, after, it will thirst no more.*

“Grant unto us, Almighty God, of Thy good Spirit, that quiet heart, and that patient lowliness to which Thy comforting Spirit comes; that we, being humble towards Thee, and loving toward one another, may have our hearts prepared for that peace of Thine which passeth understanding; which, if we have, the storms of life can hurt us but little, and the cares of life vex us not at all; in presence of which death shall lose its sting, and the grave its terror; and we, in calm joy, walk all the days of our appointed time, until our great change shall come. Amen.”—George Dawson.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

- MONTREAL**—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.
- TORONTO**—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.
- QUEBEC**—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

THE PRAYERS.

I was in Heaven one day when all the prayers
 Came in, and angels bore them up the stairs
 Unto a place where he
 Who was ordained such ministry
 Should sort them, so that in that palace bright
 The presence-chamber might be duly dight;
 For they were like to flowers of various bloom;
 And a divinest fragrance filled the room.

Then did I see how the great sorter chose
 One flower that seemed to me a hedgeling rose,
 And from the tangled press
 Of that irregular loveliness
 Set it apart—and—"This," I heard him say,
 "Is for the Master:" so upon his way
 He would have passed; then I to him:—
 "Whence is this rose? O thou of cherubim
 The chiefest?" "Know'st thou not?" he said and smiled,
 "This is the first prayer of a little child."

—T. E. Brown.

The annual meeting will take place on the 10th or 17th of June.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Miss Bella Crosby, 41 Rose Ave, Toronto ; First Vice-President, Miss A. I. Robinson, Galt ; Second Vice-President, Mrs. W. S. Tilley, Kingston ; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto ; Corresponding Secretary, Miss Lucy Bowling, 47 Metcalfe St., Toronto ; Treasurer, Miss Mary Gray, 505 Sherbourne St., Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto ; Miss A. J. Scott, 11 Chicora Ave., Toronto ; Miss K. Mathieson, Riverdale Hospital, Toronto ; Mrs. Mill Pellatt, 7 Wells St., Toronto ; Miss Jessie Cooper, 30 Brunswick Ave., Toronto ; Mrs. Downey, 554 College St., Toronto ; Miss Janet Neilson, 295 Carlton St., ; Toronto. Miss J. C. Wardell, 171 Delaware Ave., Toronto ; Mrs. Yorke, 400 Manning Ave., Toronto ; Miss M. L. Barnard, 608 Church St., Toronto ; Miss Ewing 569 Bathurst St., Toronto ; Miss O'Connor, St. Michael's Hospital, Toronto ; Miss Kennedy, 1 Lakeview Ave., Toronto ; Miss Jamieson, 23 Woodlawn Ave., E., Toronto ; Miss De Vellin, 505 Sherbourne St., Toronto. Conveners of Standing Committees—Legislation, Miss Mill Pellatt ; Revision of Constitution and By-Laws, Miss M. J. Kennedy. Press and Publication, Miss Brent. Representatives to The Canadian Nurse Editorial Board, Miss A. J. Scott, Miss E. J. Jamieson. Representatives to Local Council of Women, Misses Neilson, Wardell, Irvine and Smith.

The Executive is anxious that all members return their ballot papers, carefully marked, not later than May 15th, so as to allow time to count votes and prepare report. Only those members who are in good standing have received ballot papers. The constitution says:—"No member shall hold office or vote at any meeting who is in arrears to the treasurer." All members are urgently requested to inquire into their standing, as it is particularly desirable that all members should be in a position to vote on the proposed Bill for Registration.

Members attending the annual meeting will kindly note arrangements re railway rates in April number.

The proposed Bill appeared in "The Canadian Nurse" for March. Bring your copy with you. Information as to accommodation at Niagara Falls may be obtained from Miss Rogers, Superintendent General Hospital, Niagara Falls, Ont.

The treasurer's name and address appear in the above list of the Executive.



CHIEF SUPERINTENDENT'S REPORT, 1910.

As the months go round and the time for an annual report of the Victorian Order of Nurses returns, we take a survey of the many branches throughout the Dominion, note a gain here, a loss there, a deepening and a strengthening in some parts, and a laxity in others, and then decide whether or not the year has been a successful one. The year which has just closed has been a hard one in many ways, but, when all is told, it must be said it has been a very satisfactory one.

From the statistical returns, we have increases to report. The nurses have cared for, in the districts and hospitals, 18,189 patients, and the district nurses have made 127,353 visits, 4,293 of which were in answer to night calls. Five hundred and eighty-one days' continuous nursing were reported. The increases over last year's reports are: 3,609 patients, 26,727 visits, 3,256 night calls and 51½ days' continuous nursing.

Forty-nine nurses have been admitted into the Order—six of whom were re-admissions—three are on the reserve list and 27 have resigned. Of these, 11 have retired to be married, one to take up other work, two from unfitness for the work, three on account of ill-health, and 10 from other causes. The total number of nurses now working for the Order—not counting the emergency and relief nurses—is 160, an increase of nine. They are distributed as follows: Victorian Order nurses in the hospitals, 32; Victoria Order nurses in the districts, 64; nurses taking the post-graduate course in the training homes of the Order, 37; nurses in training in the hospital training schools, 27.

Thirty-nine visits of inspection have been made by the Chief Superintendent, and nine with a view to organizing.

Three new branches have been opened, viz.; Districts at Victoria, B.C., and Cobalt, Ont., and a small emergency hospital, under the Revelstoke Hospital Society, at Chase, B.C.

Nine branches have increased their nursing staffs during the year, viz.: Vancouver, Revelstoke, Yorkton, Winnipeg, North Bay, Ottawa, Montreal, Toronto, Sydney.

The losses to be recorded are: Queen's Hospital, Rock Bay, which was burned during the summer. The Columbia Coast Mission will rebuild there,

(Continued on page 240)



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The usual monthly committee meeting was held on April 4th in the Nurses' Reading Room. For the first time in several months, only a few names were handed in to be proposed at the meeting on Tuesday evening.

Dr. T. A. Starkey gave a most interesting lecture on "Hygiene." He showed some slides picturing different microbes, and explained that these microbes depended on heat and moisture for life. The direct rays of the sun are powerful germ destroyers, therefore ward off disease by a plentiful supply of fresh air and sunlight. It is not enough to help the patient back to health; you must teach him how to keep well by explaining the value of cleanliness, fresh air and sunlight.

He told of his experience in jails and slums, where filth was so often responsible for disease.

Miss Leaford proposed a vote of thanks to Dr. Starkey for his most interesting lecture, and a social cup of coffee brought the meeting to a close.

Miss Vivian Petrie, Englewood Hospital, N.J., is on night duty at Lachine General Hospital.

The C.N.A. extend their sympathy to Miss Smarden, who recently lost her mother.

Miss Phillips and Miss Hiel were the guests of the Woman's Club at their dinner, given in commemoration of the nineteenth birthday of their organization. Afterwards, many of the members repaired to the Conical Chamber, Board of Trade, and listened with interest to Dr. Perrin, of Boston, who gave the history of the origin of the Franklin Square House. He felt sure there would be no difficulty in securing such a club in Montreal, and it would mean so much to many hundreds of girls who at present are obliged to live in indifferent lodgings. Colonel Burland and Mr. Hanna also spoke in favor of such an undertaking and offered some suggestions.

HOSPITALS AND NURSES

The Graduate Nurses of Saskatchewan have organized a Provincial Association. Miss Jean E. Browne, Graduate Toronto General Hospital, Class '10, who has recently been appointed School Nurse in Regina, is the secretary. We wish this Association every success in its work.

Miss E. J. Jamieson, of the School Nursing Staff, Toronto, is on sick leave, and has gone to Sault Ste. Marie to recuperate.

Miss Clara Evans, Graduate Toronto General Hospital, Class '01, is Assistant Superintendent at present at the Hospital for Incurables.

The nurses of Brandon met on the 24th of February and organized. Many matters of interest were discussed. A new regulation was adopted re rates for private nursing: Infectious cases, \$4.00 per day; maternity cases, \$25.00 per week; general work, \$21.00 per week.

Miss Mary Martin, who has been Superintendent of the Royal Columbian Hospital, B.C., for the past eight years, has resigned. Addresses of appreciation from the Hospital Board and the Nursing Staff were presented to Miss Martin. The position is now filled by Miss Jessie Scott, formerly Assistant Lady Superintendent of Toronto General Hospital, and late Superintendent of Calgary General Hospital.

Mrs. Williamson, Matron of "Brooklands" Hospital, Cape Breton, has resigned to take up the work of assistant to the Medical Health Officer of Fort William.

Miss Putman, Graduate of Montreal General Hospital, has taken charge of "Brooklands" Hospital.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital to the graduating class, took place in the Nurses' Home on Thursday, March 30th, at 8 p.m., when graduates from nearly every class were present, six of the first class of 1896 being among the number. The dining room was prettily decorated with pink carnations, smilax and pink ribbons. The dinner was exceedingly nice, and the various speeches in response to the toasts were much enjoyed. Miss McIntosh was toast-mistress. Miss Grant, the President, gave the toast to "The King," and read a letter full of good wishes to old and new graduates from the former President, Miss Gilmour. Miss Clint, in proposing the toast to "The Graduates," made a very happy speech, which was responded to by Miss Turner. Miss Bryce replied to the toast of "The Governors," speaking of their kind interest in the work and pleasure of the nurses. Miss Domville proposed the health of Miss Hersey, the Superintendent, and Miss Goodhue, in a very feeling and delightful manner, spoke of "Our Absent Friends," scattered as they are now all over the globe, and of the comparatively few, we are glad to say, who have passed to the "Great Beyond," but whom we still cherish in our hearts.

The graduating class, which numbers nineteen, finish their course on April 5th, when the graduating exercises will be held. The good wishes of the Alumnae, of which we hope they will all be members, go with them in their various spheres of work, and we trust they will look back with pleasure to the dinner of 1911.

Miss McLeod, Graduate of Royal Victoria Hospital, Montreal, Class '06, who has been in San Francisco, engaged in the nursing work of the General Hospital there, has returned to Montreal, and is now in charge of the woman's medical ward in the R.V.H.

Miss Tolmie, Superintendent of the John H. Stratford Hospital, Brantford, and Miss McNeill, Head Nurse, have resigned. These ladies have been connected with the hospital for twenty years, and have done splendid work, often under discouraging conditions, and it is with great reluctance that their resignations have been accepted.

The Graduate Nurses of Brandon have recently formed an Association, and the following officers have been elected: Hon. Pres., Miss E. Birtles, Supt. General Hospital; President, Miss C. Kettles, 338 Louise Ave.; First Vice-President, Mrs. J. Keating, 338 Louise Ave.; Second Vice-President, Miss M. Foote, 104 First St.; Secretary-Treasurer, Miss R. F. Ashcroft, General Hospital. The nurses have felt for some time the need of this Association. In the past so many non-graduates and experienced nurses have been engaged in the work, and the fees charged have varied so much, that an organization of some kind was necessary for the protection of both nurses and patients. We are now conducting our own Registry, and are proud of the flourishing condition of our Association. Brandon nurses want Provincial Registration, and our Association is prepared to help in any way possible.

R. F. ASHCROFT, Secretary.

The officers and members of the Toronto Western Hospital Alumnae Association entertained their friends at their annual "At Home" on Thursday evening, March 30th, in the Nurses' Residence, 24 Rosebery Ave. The graduating class contributed a very enjoyable programme of music and readings. Refreshments were served, and a very pleasant social hour was enjoyed by all.

The regular monthly meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses was held in the lecture room of the Nurses' Residence on the afternoon of April 7th. In the absence of the President, Miss Ellis, First Vice-President, occupied the chair. Before the business session closed, the members were delighted to see Miss Snively enter, and greeted her very enthusiastically. Miss Grace A. Hodgson, late Superintendent of the Eye Hospital, Washington, gave a most interesting paper on "The Hygiene of the Eye and the Care of a Patient Before and After Operation for Cataract." Miss Snively followed with a few words of greeting to the members of the Association, after which the meeting adjourned.

The regular monthly meeting of the Central Registry was held on Monday, April 3rd, at 569 Bathurst St., Miss Fralick in the chair. Members present: Misses Mannering, Argue, McMillan, McKenzie, McCnaig and Gray.

Registrar's report for March, 1911: Registry calls, 217; personal calls, 85; visiting nurse, 4; an increase of 91 calls over March, 1910.

Sixteen nurses joined Registry in March, 1911. Members on Registry, 385. Two resignations were received, Miss J. Stewart and Miss Searlet. Two applications were considered and accepted. Miss Urquhart, Liverpool; Miss Bennett, Greenwich, England.

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M. GRAY, Secretary pro tem.

Miss Suively is in Toronto for a couple of weeks. She expects to return in the autumn to remain.

The graduates of the Toronto General Hospital tender their most sincere sympathy to Miss Annie I. Brown in her sore bereavement in the loss of her father.

The nurses of Sydney, N.S.W., Australia, proposed to have a Nurses' Club, and planned to raise the necessary funds by nurses' subscription of capital and by debentures. The sum of £1,000 was to be subscribed by the nurses in shares of five shillings each. Five thousand and three shares have been bought by the nurses, which testifies to their eagerness to have their own club.

Miss Christina Hall, Graduate of the Toronto General Hospital Training School, has been appointed District Superintendent of the Ottawa branch of the Victorian Order of Nurses.

Miss Ellen Aikman, Graduate of the Massachusetts General Hospital Training School, Boston, has received the appointment of Superintendent of the Swan River Hospital (V.O.N.).

Miss Miriam Wanless, Superintendent of the Freemasons' Hospital, at Morden, Manitoba, died suddenly at that institution on March 24th. Miss Wanless was a graduate of Stratford General Hospital, and post-graduate of the Woman's Hospital, New York. She held important positions in several hospitals, and will be much missed by her friends in the profession. Much sympathy is felt for her mother and sisters and brother in their sore bereavement.

The Florence Nightingale Association, at their regular meeting on April 7th, enjoyed a social evening at the home of Mrs. Butler, 64 Howard St. The thanks of the Association are due Miss Urquhart and her committee for this happy arrangement. The President, Miss McKenzie, who occupied the chair, delighted the large audience with her humorous opening address. The programme consisted of music and recitations, and was contributed by the following:—Miss Florence Butler, Miss Fernbie, Miss Boirdman, Mrs. Farmer, Miss Jacques and Miss Creighton. Refreshments were then served, and a very enjoyable evening brought to a close. The next meeting will be held in May.

BIRTH.

STIRLING—At Moosejaw, Sask., on April 6th, to Mr. and Mrs. Ernest A. Stirling, a daughter. Mrs. Stirling (nee Pearl Chambers) is a Graduate of Toronto General Hospital, Class '10.

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(Continued from page 233)

and the hospital will be managed entirely by that mission. The Victorian Order were the pioneers in supplying hospital service for the people in the northern parts of Vancouver Island, and, as in so many other parts, they have set the example, and then have passed on to where they are needed more. The Fernie district felt obliged to give up for a time, on account of lack of funds, but the committee expressed the hope that it would be only for a short time. The Fort William district has closed temporarily, with the prospect of its being reopened, under a regular Victorian Order local committee, not as before, under a sub-committee of another society.

The branches in which there have been noticeably a deepening and a broadening are many: The Vancouver branch has extended its activities, having placed a resident nurse in Fairview. They have now a staff of four nurses, and are planning to build a larger Nurses' Home, to be called the Florence Nightingale Home.

The Revelstoke Hospital Society continues its good work. They have opened an emergency hospital of eight beds, at Chase, B.C. This makes the third hospital under this society, all of which are doing most efficient work.

The Lady Minto Hospital, at Melfort, Sask., has completed the Nurses' Home, which is very comfortable. The hospital can now accommodate 27 patients.

The hospital at Yorkton has been enlarged, and still further accommodation given for patients, by the building of a Nurses' Home. And still more room is needed.

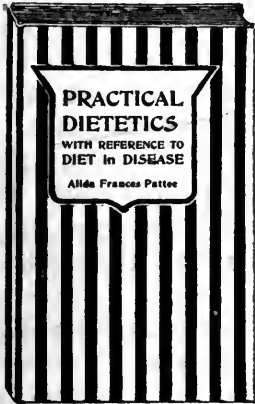
The Winnipeg branch is forging ahead. They have now a staff of six nurses, and double that number could be kept busy. They have bought a very comfortable home for the nurses in Sherbrooke Street. This branch has qualified during the year as a training centre. This makes our fourth Training Home. We need at least two more.

The Queen Victoria Memorial Hospital, North Bay, has practically been made over, and a handsome wing added. The staff are thus enabled to give even more efficient service than in the past.

The year has been a record one for the Ottawa branch. The permanent nursing staff has been increased from six to twelve. Resident nurses have been placed, one in Hull, two in Lower Town, and one in the Glebe. The records show that 14,246 visits were made during the year, an increase of 5,455 over last year. The District Superintendent, at Ottawa, Miss Hardinge, has tendered her resignation to take effect in April. She has filled the position very ably for more than three years.

The Toronto branch has still further extended its work, by placing a resident nurse at the Junction. This makes the third resident nurse, and a complete staff of eleven.

The Hamilton branch continues its very good work. The committee again undertook the work of supplying clean milk to the infants during the summer months, with the same excellent results—a marked decrease in the infant mortality.



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The Montreal branch has kept right along with its varied work, and has had a most successful year. The permanent nursing staff has been increased to forty, eleven districts are supplied with resident nurses, the school work is the same as last year—one nurse is working in the schools, under the city, two under the Protestant School Board. There is a marked increase in the work among tubercular patients, and a Victorian Order nurse is connected with the Settlement, which has just been opened in the city. The statistical returns show that 55,495 visits were made this year—an increase of 10,031. The Relief Committee is doing excellent work among the needy Victorian Order patients. This is very well and wisely handled, and is a most commendable part of the work of this branch.

The Lachine district, which was opened some 18 months' ago, has done splendidly. The nurse records 2,231 visits made during the year.

The St. John branch keeps along the even tenor of its way. During the year, an Anti-Tuberculosis Association was formed in St. John. They requested that the Victorian Order Committee let them have one of the staff, Miss Rogers, as nurse for the Association. This was granted, and the Association sent Miss Rogers to take a post-graduate course in all branches of tuberculosis nursing at Bellevue Hospital, New York. She is now doing splendid work for the Association.

In Sydney, N.S., an Anti-Tuberculosis Association was organized, and at their request, the Victorian Order undertook the care of all the tubercular patients there. The Sydney branch has added a second nurse to the staff—resident at Whitney Pier. The growth in the work of this branch is worthy of mention. Last year, 903 visits were made, and during the year just closed, 1,774 were reported. This is a very considerable increase, when it is remembered that the second nurse has been there only two months.

The work of the Halifax branch increases steadily.

Miss Mayou, after four years' exceptionally good service at the Harrington Harbor Hospital, Labrador, resigned her position there, and was succeeded by Miss Cuthbertson.

During the year, the Order was asked to supply a Victorian Order nurse to act as missionary district nurse on the Grand River Indian Reserve, near Brantford, Ont. This Reserve is under the New England Company, the senior missionary society, incorporated 1661, and having headquarters in London, England. The nurse's district is the whole Reserve, 12 miles square. She attends to all the visiting nursing, and teaches the women, especially, rules of hygiene, sanitation and proper living. She is supplied with a horse and trap. Miss Mary Shore received the appointment, and entered on her duties Jan. 14th.

Concerning the Lady Grey Country District Nursing work, all that is to be reported is good, but it is to be regretted there is not more of it. The one rural branch—the Lundbreck, Cowley, Livingston district, in Southern Alberta—has had a most satisfactory year, notwithstanding some setbacks. Early in the summer, our pioneer nurse, Miss Macdonald, was very ill, and was obliged to drop out of active service for a time. We were fortunate in securing another nurse, Miss Pepper, who has given entire satisfaction. Great credit is due the committee of this branch. From the very first, they have worked well

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STRAINED MUSCLES

and have refused to see stumbling blocks. At the beginning of the year, the ladies of the three districts were organized into Aids, and have proved of great assistance in raising funds for the work, and in keeping up the interest in it.

This rural work is lying ready to be done in so many parts of the broad Dominion, the Victorian Order of Nurses has all the machinery for doing it efficiently. All that is needed is funds. The scheme, as pointed out last year, is a difficult one. In the scattered parts of the country, it is not an easy task to procure members to serve on a committee, nor is it easy for them to arrange for a common meeting place. Then, too, no branch of the Order is self-supporting—nor should it be. The earnings of the nurse have therefore to be supplemented by contributions, directly or indirectly, and in rural districts there are so few people, comparatively, to contribute, that the burden falls on the few, and so is heavy. If each Provincial Government would make an annual grant to assist the country associations in that Province, the problem would be solved to a large extent, and the money would be well expended.

(To be continued.)

HELP NEEDED.

An urgent call comes from the chairman and secretary of the "China Famine Relief Committee" for help for the starving millions in Manchuria. One dollar and fifty cents will save a human life.

Mr. W. A. Charlton, the chairman, says:—"The conditions there are appalling. The harvest was all destroyed by the terrible flood, and no food can be had from the soil until June or later. Many villages were entirely swept away and the people left homeless and in dire distress. Multitudes gather together in great camps; those who are strong enough wander over the hills, pulling up roots of weeds for fuel in cooking the pittance of rice they may receive from the relief agencies. The suffering is terrible."

It is the nurse's special mission to relieve distress whenever possible. All who find it in their hearts to assist here will kindly send their contributions to Mr. S. J. Moore, 445 King St. West, Toronto, treasurer of the Central Committee.

MILITIA ORDERS.

HEADQUARTERS, OTTAWA, Saturday, 18th March, 1911.

No. 125.—Course of Instruction—Nursing Sisters.

With reference to M.O. 483, 1910, the undermentioned Nursing Sisters will report at Halifax on the 2nd May next, to undergo a Course of Instruction in Military Nursing Duties:—

Nursing Sister E. Craibe, St. John.
Nursing Sister M. M. Pugh, Kingston.
Nursing Sister M. A. McKenzie, Toronto.
Nursing Sister F. H. Wylie, Montreal.

Leave of absence, with permission to travel abroad, has been granted as follows:—

Nursing Sister L. E. Eaton, P.A.M.C., from the 8th April to the 8th May next, both dates inclusive.

F. L. LESSARD, Colonel, Adjutant-General.

"the coming summer will, in all probability, be no different from those past and gone in the way of conditions characteristic of this season.

This applies quite as truly to antiphlogistine and to its proven serviceability as a satisfactory dressing for those affections termed "summer cases" as it does to the season itself.

Sunburn will be promptly relieved, and those severe cases of Dermatitis, frequently following, will be prevented by the prompt application of antiphlogistine.

For bee stings and bites of poisonous insects, antiphlogistine offers an ideal dressing, not only for its antiseptic properties, but by its antiphlogistic action it limits the extension of infection.

The application of antiphlogistine in ankle injuries will promptly deplete the infiltrated tissues, so that an early and positive diagnosis of sprain or fracture can be made.

The confidence reposed in antiphlogistine by the medical profession, is the most convincing argument of its acknowledged efficiency in all inflammatory processes."

THE NURSES' LIBRARY

Massage in Practice, for Graduate Workers. By Margaret Atkey, Examiner to the Incorporated Society of Trained Masseuses; Matron of the Newport and Monmouthshire Hospital; Late Sister of Addison Ward, Guy's Hospital, and Member of the The Council of the Incorporated Society of Trained Masseuses. The Scientific Press, Limited, 28 and 29 Southampton St., Strand, London, W.C. Price, 2/6 net.

This book is intended to supplement the knowledge already gained by the trained masseuse, and is devoted to the consideration of the particular massage movements suitable in special cases. It gives, in convenient form, much valuable information, gleaned from many sources, and will, therefore, be welcomed by masseuses.

Nurses' Handbook of Drugs and Solutions. By Julia C. Stimson, R.N., Vassar A.B., Superintendent of Nurses, Harlem Hospital, of Bellevue and Allied Hospitals, New York. Published by Whitecomb & Barrows, Boston. Price, \$1.00 net.

This is a small, convenient volume, arranged to meet the requirements of State Registration. Written by a teacher of nurses, it is most practical, and contains nothing but the essentials. It will be found most useful as a book of reference as well as a text book.

PUBLISHER'S NOTE

For over ten years the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers its course of instruction in Mechano-Therapy to the nursing profession. From small beginnings the school has grown to be one of the foremost in this country, and has more than seven hundred graduates in all parts of the United States and Canada. The facilities to teach this branch of Medicine are unsurpassed. The equipment is the very best to enable the pupil to become familiar with all the various forms of mechanical treatments. The instruction is theoretical and practical. Lectures, Quizzes and Lantern-Slide Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro-Therapy and Electricity, by Members of the Staff and invited Physicians accompany the practical class-room instruction and the clinical experience on our dispensary patients. Pupils are required to attend regularly several of the largest hospital clinics in the city. The School's Diploma is given at the end of the course upon satisfactorily passing the final examinations. Though the School does not guarantee any positions after graduation, we have placed several hundred of our graduates in well-paying positions. For full particulars and illustrated prospectus, write to the Institute.

Dr. Schmiedeberg Deposes

Caffeine is hence a means of refreshing bodily and mental activity, so that this may be prolonged when the condition of fatigue has already begun to produce restraint and to call for more severe exertion of the will, a state which, as is well known, is painful or disagreeable.

This advantageous effect, in conditions of fatigue of small quantities of caffeine, as it is commonly taken, in coffee or tea, might, however, by continued use, become injurious, if it were in all cases necessarily exerted; that is to say, if by caffeine the muscles and nerves were directly spurred on to increased activity. This is, however, not the case, and just in this lies the peculiarity of the effect in question: The muscles and the simultaneously acting nerves only under the influence of caffeine respond more easily to the impulse of the will, but do not develop spontaneous activity; that is, without the co-operation of the will. If after the use of coffee or tea no work is done, as for example after taking coffee at the end of a dinner, muscles and nerves remain quiet as if no coffee had been taken. In such cases the pleasure which good coffee and tea procure is decisively in favor of their use.

This character of caffeine action makes plain that these food materials do not injure the organism by their caffeine content, and especially do not by continued use cause any chronic form of illness, as alcoholic beverages so easily do.

If strong coffee and aromatic tea, especially the so called green kind, produce with some persons agitation, so that, for instance, after the use of these beverages in the evening such persons suffer at night from sleeplessness, this does not depend upon the caffeine, but upon the ingredient from which, as has been mentioned, the aroma and pleasant taste of well-prepared coffee and tea are derived. There are persons who cannot in general bear tea or coffee, while Paraguay tea with its less agreeable taste, suits them well in spite of its containing caffeine.

Experience and the facts obtained by experiment make it therefore indisputable that the quantities of caffeine which are for the most part taken in with coffee or tea used daily for a whole lifetime are non-injurious to health, since they neither give rise to acute chronic poisoning nor weaken the organism so as to dispose it to attacks of illness.

It may now be asked further how large are the quantities of caffeine which are usually or as a maximum taken in coffee and tea. A small cup of coffee of 50 ccm. (5 ounces) which has been prepared from 15 grm. (230 grains) of coffee beans contains 0.1 to 0.12 grm. (1.5 to 1.8 grains) of caffeine, and the same amount is contained in a cup of the infusion prepared from 5 to 6 grm. (75 to 90 grains) of tea leaves. If it be assumed that a man daily, in the morning, at noon or in the afternoon, and in the evening, drinks altogether five cups of coffee or tea, or partly coffee and partly tea, he takes in this 0.5 to 0.6 grm. (7.5 to 9 grains) of caffeine. These moderate quantities are thoroughly harmless. Many persons, especially women, in countries where tea drinking is widespread may easily bring the number of cups to double or even several times these figures. Let us assume that the maximum amounts to ten cups of tea or coffee or of both together. These contain 1 to 1.2 grm. (15 to 18 grains) of caffeine. Even such doses cause no disturbance of health if they be taken, not in the form of pure caffeine all at once, but in coffee, tea and other preparations in a diluted state and in divided portions in the course of the day. In agreement with this is the direction of the Pharmacopoeia of the German empire that the largest daily dose of caffeine should not exceed 1.5 grm. (23 grains).

Coca-Cola syrup contains, by the according analyses of Dr. Mallet, of the University of Virginia, and Dr. W. D. Bigelow, of the department of agriculture, 0.19 to 0.24, in the average 0.22, or, in round numbers, 0.25 grm. (3.8 grains) of caffeine in 100 grm. (1,540 grains) of syrup. As regards content of caffeine, therefore, 40 to 45 grm. (600 to 700 grains) of Coca-Cola syrup are equivalent to a cup, 200 grm. (3,000 grains) to five cups, and 400 grm. (6,000 grains) to ten cups of coffee or tea.

From these data it follows in the most positive way that 200 to 400 grm. of Coca-Cola syrup taken in divided portions daily will not be injurious to health. In certain respects the Coca-Cola syrup is even more harmless than the corresponding quantity of coffee or tea, since it does not, like these, produce agitation and therefore cause sleeplessness.

According to the communications which have reached me, about thirty grm. (one ounce) of Coca-Cola syrup is used to a glass of about 210 ccm. of the beverage. There might therefore be taken daily of this beverage 1,400 to 2,800 ccm. without any fear of injury to health from the quantity of caffeine contained therein. Rather might the amount of liquid and of sugar taken at the same time prove injurious by impairment of the digestive activity of the stomach. As a matter of fact, such large quantities of the beverage will but rarely, if ever, be taken. Most consumers will undoubtedly limit themselves to less. In such cases injury is entirely out of the question. Indeed, the misuse of Coca-Cola by taking it in excess, as so happens with alcoholic drinks, is in general not to be found. Not only can no well-founded objection be urged against the manufacture of food products containing caffeine by the introduction of this in any form, but rather should the extension of such manufacture be regarded with favor in the interests of the public welfare. Undoubtedly alcoholic drinks belong to the most injurious class of food products, and the contest against their use, and especially their misuse, is thoroughly justified. This can be most successfully only by seeking to replace alcoholic beverages by other and harmless food products. Among such harmless food products the most suitable with which to take up and carry through the war against alcoholic drinks are coffee, tea, cocoa, chocolate, and in general all natural or artificial food materials which contain caffeine or theo-bromine, on account of their advantageous and agreeable effect above described.

Carbonated waters, for example, which are taken with pleasure for their refreshing action, will not fulfill the purpose in question, since they exert none of the special effects upon the organism that tea, coffee, etc., do. In the contest with alcoholic drinks it is of importance that the food materials which are to replace them shall be harmless, contain caffeine or theo-bromine, and also actually be consumed upon a large scale. In this way Coca-Cola may be of value.

On the basis of the preceding explanation, I sum up my opinion thus: That Coca-Cola syrup represents a food product containing caffeine, and that, even in the maximum quantity which may be generally taken daily, it cannot, because of its caffeine content, be accounted injurious to health.

Now, Doctor—

We believe that after reading the above, you will agree with us that far from being harmful, Coca-Cola is actually beneficial.

Let us send you some coupons: each good for a glass of Coca-Cola. This will be your test of taste.

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In all cases of fever, where the patient suffers so greatly from the parched condition of the mouth, the nurse will find nothing that affords so much relief as a mouth-wash made by adding a teaspoonful of Listerine to a glass of water, which may be used *ad libitum*.

Its exceedingly agreeable properties, and the readiness with which it deodorizes offensive, lochial discharges, has caused the extensive employment of Listerine in the lying-in room as a general cleansing, prophylactic or antiseptic wash. For vaginal douches, one or two ounces of Listerine in a quart of warm water is generally sufficient. In simple leucorrhea, the same injection; in more severe cases, one part of Listerine to ten parts of hot water.

The essential properties possessed by Listerine are analogous in their effect to the ozoniferous ethers so highly recommended by Sir Benjamin Ward Richardson, and others, as deodorizers for the sick-room, and Listerine is used in the same way—sprinkled over handkerchiefs, garments, and bed linen, or diffused throughout the atmosphere by means of the spray apparatus. Listerine is admirable to introduce in the sponging and bathing that may be directed in severe cases.

Nurses will find much of interest in the 128-page pamphlet "The Inhibitory Action of Listerine," which may be had upon application.

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, JUNE, 1911

No. 6



THE CARNEGIE LIBRARY, NIAGARA FALLS, ONTARIO

Fifth Annual Meeting of The Canadian Society of Superintendents of Training Schools for Nurses

Held at Niagara Falls, Ont., May 24th and 25th, 1911

Meeting opened with prayer by Rev. Dr. Wallis.

Address of welcome by Mr. Monro Grier, K.C., President of Hospital Board.

The following are extracts from his address:

"I am down on the programme, I think, to deliver an address of welcome to a meeting of the Canadian Society of Superintendents of Training Schools for Nurses. Madam President has been kind enough to say that I am going to address the meeting, and, therefore, it seems somewhat natural that I need not confine myself absolutely to words of welcome, but am going just a little beyond that. I am glad, however, that that remark was made for this reason, that I should not like to be absolutely confined to the very pleasant task of welcoming you, because I should like to say just one word with reference to yourselves and to the objects that you have in view."

"I refer to this morning again, because it appears to be perfectly proper that on this twenty-fourth day of May we allow our deliberations to turn to this Order, to-day being Victoria Day, after the Empire Day of yesterday. What is

the significance of that with reference to your own institution? 'It appears to me to lie in the denomination of our late beloved Queen, when she was called Victoria the Good. To my mind that is a most charming adjunction of ideas, and when I reflect upon the various classes of mankind, whether men or women, who have to-day that victory over evil things, I defy anyone to bring to mind any class whose occupation it more distinctly is to overcome evil, whose happy honour and privilege it is to be either Nurses, Superintendents of Nurses, or in any other way connected with hospital work. I sometimes think, as doubtless all of you think at various times, that in the naming of things there is not all meaning. If I may quote Shakespeare, 'That which we call the rose, by any other name would smell as sweet.' I have often thought that we, in naming of things, serve not always to remind, but rather to obscure, matters, and in the past, at least, we have been a little too careless about nominating things ill or good. Certainly within the experience of all of us mankind has come to take a far clearer view of matters material and matters spiritual and matters physical.'

"Certainly, this we have learned, that things which at certain times or under certain conditions are ill, may by reason of other things brought to bear upon them be converted from things of ill to things of good."

"Speaking of the effect, certainly these things which have an ill effect upon our physical forms are confronted by the nurse and by those who have to do the training of nurses. Then, how obviously natural it is that in commemoration of Victoria the Good there should actually be a Victorian Order of Nurses.

"Take heart of grace in any trouble that you have. The order of nurses is, to my mind, one of the highest on the face of the earth. Certainly, I know of no order which, in my judgment, can rank higher than the order of nurses. So much more important, then, are those who are Superintendents of Training Schools for Nurses. Those of us who touch on hospital matters at all are very sensible of this circumstance, that the duties and obligations and trials of a Superintendent, whether of a hospital or a training school for nurses, are far greater than ever imagined by any ordinary man or woman."

"All the time there is to be the exercise between an extreme discretion and judgment with an abounding plenty of love and charity. Love is not only the finest quality in the exercise of our several duties, but happily it is perfect in the disposition and management of all our lives, so that we shall find that in this Order, some of whose records I have had the honour and pleasure of reading, that quality has been the most effective of all."

"There is a wonderful capacity and force in unity. Whilst one single drop of water passing from the extreme top of the Horseshoe Falls to the bottom would be absolutely valueless as a commercial factor, that drop of water, when with millions of others, serves such a part in the modern history of this Province as to make us understand that we are merely on the threshold of the agent of the power that these simple drops of water develop, namely, electricity."

"Allow me, if I may fittingly do so, to point out to you, whether individual Superintendents, or as a collective body, that all the duty of a day is to discharge the duty of twenty-four hours. The morrow will come and then its duties will be alive to be discharged. But we are not to complain if at the passage of twenty-four hours a week's accomplishment has not been made. And, therefore, take heart of grace. Remember that all things come to an end, even an address of welcome."

"But I must say just one word more in passing, and it is this: It is a very great pleasure to all of us who are here to welcome you to Niagara Falls. It is an extraordinary pleasure to those of us who are associated with the hospital. We do know what good work is. I, as layman, can speak more frankly than a medical man could."

"I trust that if it should seem to you that there is anything of worth in any ideas that I have conveyed to you, that you will be kind enough to abso-

lutely ignore the chaff and bear in mind this, that no matter how poorly the welcome made by me may have been uttered, there is no body of people to whom I could more cheerfully utter 'Welcome and God speed you.'"

Address of welcome by Dr. Kellam, President of Niagara Falls Medical Association:

"Had the Goddess of Eloquence laid her fingers upon my lips as she has laid them on the lips of Mr. Grier, it would have been possible for me to have housed my address of welcome in much more becoming grace of diction than it is possible for me to do. But I wish to assure you, if comparisons are not too odious, that the sentiment in my heart is just as deep. I am to address you on behalf of the Niagara Falls Medical Association. I can conceive of no body of people on the face of this grand earth who will not recognize the medical man to represent the highest sense of citizenship, equalled by few and excelled by none, and if that be true, I may welcome you on behalf of the very highest class of citizens that Niagara Falls represents. You have honored us in coming to Niagara Falls. Speaking as a citizen, it has been our aspiration for some years to make this a convention city, and we have accomplished a great deal. We have had all kinds of conventions—moulders', printers' and painters'—but, rising in the scale, I think that at least you have conferred the highest honour upon us by coming to Niagara Falls. Niagara Falls is the baby city of Ontario, and we have one of the youngest hospitals in the Province, and for you to leave the great centres like Toronto, Montreal and Winnipeg, and come to us, is indeed conferring an honour upon us. I am not backward as a citizen of Niagara Falls. I am conceited enough to say that I am not one of our knockers, and you have done yourselves an honour in coming to Niagara Falls.

"You would have been lacking in judgment if you had accepted the invitation of any other city or town in the Province. Niagara Falls is a remarkable city. Mr. Grier has spoken of the beauty and natural charm of the place, and to hold your deliberations in the very garden of the Dominion of Canada. I think that there will be influences upon you in the atmosphere that will make your deliberation results more beneficial to you.

"We are particularly proud of the work which we have accomplished during the past four years in our hospital, and I think that in accepting our invitation to meet here has had a great deal to do with it. The work has spread. The training we give our nurses has spread among you. I cannot let the occasion pass to speak of one of your number that we have in Niagara Falls—Miss Rodgers—whom we have in our hospital. I understand Superintendents very often have the idea that the Medical Staff and the Board are not as appreciative of your services as they ought to be. If anything has been lacking, it is because we are roused more or less in horror to think that she whose services we have here might be taken to some other place. We are adding to our hospital. Had your visit been postponed for another year or two, I believe you would have seen a group of buildings which will bear comparison with any hospital in the Province of Ontario.

"I have no hesitation in saying that I believe you will have a very profitable session and on behalf of the Niagara Medical Association and the citizens in general, I welcome you to our city."

Reply to addresses of welcome, by Miss Robina L. Stewart, R.N., Superintendent of Toronto General Hospital Training School for Nurses:

"It seems to me, Madam President, ladies and gentlemen, that the hospitality of Niagara Falls is so very well known, particularly during the last two days, that we cannot say too much in expressing how pleased we are to receive your greeting. We are glad to receive this greeting, and also to be reminded of our duties that await us here as Superintendents. There can be no band of workers who face greater problems than those who have the training of nurses in hospitals. Here we receive also a great deal of help and a great deal of en-

couragement. There are no duties that are heavier than the duties of those who are at the head of these training schools. It seems to me that her interest in and her duty to the community at large are things that we all do not recognize, probably because we are just a little ignorant of it. There is no darkness greater than ignorance. We must urge the education of the people.

"Let me thank you in behalf of those who are present for this very gracious welcome, and also on behalf of those who are of necessity not present, let me thank you for this very gracious welcome, and express the regret that there are not more here to share in this welcome and also in the discussions which are to follow."

5. Address by President, Mary Ard MacKenzie, R.N., Chief Superintendent of Victorian Order of Nurses for Canada.

PRESIDENT'S ADDRESS.

Ladies and Gentlemen:—

A President's address should be brief, and I shall try to make mine as brief as possible. First, I must tell you how great a privilege I consider it to preside at a meeting of this society, one of the most important societies in the nursing world.

To all of us, I am sure, as we assembled this afternoon, must have come a feeling of the loss that the nursing profession has sustained since our last meeting. In August the beloved Mother of Trained Nursing, Florence Nightingale, passed beyond the bourne, and in passing she has brought back to us, her daughters, those ideals which shed their influence on her life and made it the well-rounded, beautiful one which we consider so near the ideal one.

And one of our members, one of Florence Nightingale's faithful followers, Miss Anna Chesley, has been called from our midst. Miss Chesley was one of the untiring workers for high standards. She labored well and who can say how far-reaching her influence has been—the great waves of the ocean began as little ripples.

And now let me just enumerate the objects of our association:—"To consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession." Every clause there means work. We are growing very rapidly and it behoves us to commune together regularly, so that we may make haste slowly, do all things deliberately and after careful consideration. The question of registration is one of supreme importance at this very time, and it is from this society, composed largely of the older and more experienced women in the profession that help should be given on this most important matter. For registration is to make the nursing in the world more proficient by setting a standard for training, and that implies co-operation among the different schools in the way of affiliation and post-graduate work. Then, too, the influence we may exert on all questions of public health, and its allied departments, all those matters which we roughly sum up as social service problems, is very great. We are demanding more and more in our profession, that our members be women of broad sympathies and culture, and, if such are to be encouraged, we must look to our superintendents of nurses to see to it that such qualities are fostered in their pupils. And, too, the social side of our society's work is of great importance. We are all bound together by one bond at least of sympathy and we must try to know one another, to work together

without jealousy or friction, sinking little personal differences in the common good. Also, our nursing magazine, the mouthpiece of our profession from ocean to ocean, should be one of our cherished interests, for with us, again, belongs the work of enthusing our pupils in the magazine, so that when they penetrate into other parts they carry with them the conviction that the Nursing Magazine is partly theirs, that they are responsible in a large degree for its success or failure. So we ask that the Nursing Magazine be what it should be—representative of every member, of every society, of every locality and of every interest in our profession in this broad Dominion. In considering the magazine, as in considering this society, we know no east, no west; we are one, whole and undivided.

Last year a number of committees were appointed: one on amalgamation, one on Army Nursing Reserve, and following a suggestion, an effort has been made to arrange for talks to college women on nursing, with a view to attracting the college trained woman, especially for social service work. We shall hear from the conveners of these various committees. This society affiliated with the large women's organization, the National Council of Women, and a report will be given concerning that as well.

The work to be done by this society is voluminous, and for the carrying out of it we need every member, no matter how busy she may be, to do her part. I wish to thank the members for their hearty co-operation during the year. To that is due entirely whatever little progress we may have made. And now I shall not detain you longer, for we have a veritable feast of reason spread out before us, and we are all eager to partake of it.

I shall now call on the secretary to read the names of the new members who have been recommended by the Council.

Report of Council.

Read by Secretary.

Madam President and Members of the Canadian Society of Superintendents of Training Schools for Nurses.—There seems little to report at this fifth Annual Meeting, for the work done by the Council is before you at this Convention.

Three meetings have been held, the distances of the members making it difficult to convene. It has been our aim to present such questions as will be of vital interest and assistance in your arduous duties.

We would draw your attention to the recommendations under the heading of new business. We welcome any suggestions for papers or discussions for the sixth Annual Meeting.

ALICE J. SCOTT, Secretary.

Moved by Miss Matheson, seconded by Miss Brent, that the report be adopted. Carried.

New Members (active).

Miss Lottie R. McLeod, Superintendent Rosamond Memorial Hospital, Almonte, Ont.

Miss Mary C. Macdonald, Superintendent Provincial Royal Jubilee Hospital, Victoria, B.C.

Miss Minnie K. Gallaher, Superintendent Jubilee Hospital, Vernon, B.C.

Miss Kate Madden, R.N., Superintendent of Nurses, City Hospital, Hamilton, Ont.

Miss Jessie A. Gibson, Superintendent Kincardine General Hospital, Kincardine.

Miss Sophia G. MacDonald, Superintendent Moncton Hospital, Moncton, N.B.

Mrs. H. F. M. Bowman, Superintendent Berlin and Waterloo Hospital, Berlin, Ont.

Miss Annie T. Regan, Superintendent Welland County Hospital, Welland, Ont.

Miss Jean Sims, Superintendent Medicine Hat Hospital, Medicine Hat.

Miss Robina L. Stewart, R.N., Superintendent of Nurses, Toronto General Hospital Training School for Nurses, Toronto.

Miss Marion J. Dejean, Superintendent Visiting Nurses' Association, Nantuauek, Conn., U.S.

Mrs. E. G. Fournier, R.N., Superintendent "Minnewaska," Gravenhurst, Ont.

Miss Lottie Fanazick, Superintendent General Hospital, Chatham, Ont.

Miss Elizabeth Ross Greene, Superintendent Hospital for Incurables, Toronto.

Moved by Miss Brent, seconded by Miss Matheson, that the fourteen names be admitted into the Society. Carried.

Miss MacKenzie—As Miss Robinson was unable to keep up the work of the office, Miss Brent very kindly stepped in and fulfilled the duties of Treasurer.

Treasurer's Report.

Balance on hand May 25th, 1910.....	\$61 81
Members' Fees	113 05
Returns from G. N. A. O.....	11 50
Interest	25
	<hr/>
	\$186 61
Expenditure	122 74
	<hr/>
	\$63 87
Stationery and Printing.....	39 77
Stamps	19 00
Cable.....	20 00
Stenographer	33 00
Agent.....	4 17
Fees, Local Council.....	2 00
Badges	4 50
Exchange	30
	<hr/>
	\$122 74

LOUISE C. BRENT, Treasurer pro tem.

Moved by Mrs. Fournier, that report be adopted. Carried.

Report of Committee—Pledges.

Madam President,—At the last Annual Meeting I was appointed to send copies of the pledge for nurses to be used at graduation exercises and recommended by this Society to the various Training Schools throughout Canada. I had a circular letter printed, conveying the recommendation of the Society and asking for a reply as to whether it would be adopted or not.

Some two hundred copies were sent. The replies received numbered thirty, all but one accepting the recommendation and expressing pleasure that the Society had recommended the use of pledge.

Alice J. Scott.

Miss Maxwell moved report be adopted. Carried.

REPORT OF NATIONAL COUNCIL OF WOMEN.

By virtue of my position as President of this Society for the past year, I have represented you at the meetings of the National Council of Women. I attended Executive Committee meetings at Halifax, Brantford, Toronto, and the annual meeting last June in Halifax.

The Halifax Convention was most enjoyable as well as instructive. We were entertained royally. Halifax, with its many points of natural beauty, lends itself to that kind of thing. A trip on the harbor, visits to the gardens and parks, a garden party and a reception at Government House, are a few of the social events which were worked in among the serious events of the convention.

I am not going to attempt to give you a full account of the work of the convention: it would take too long and a very good report of all the sessions is given in the Year Book of the Council.

The three matters which caused most discussion were equal suffrage, white slave traffic and technical education. To the last subject, one of the evening meetings was devoted, when a splendid, very comprehensive address on "Technical Education and Trade Schools" was given by Miss Laura Drake Gill, of Boston. The other evening meeting was given up to Canadian literature and proved a most interesting session.

And now I wish to say just a few words about what this National Council of Women should be to us. It is the Society, composed of the women for the most part who are considering life and its problems seriously, who are investigating and working for the social, physical and spiritual welfare of women and children especially, and who believe that they are their sisters' keepers. It is most fitting that the Society of the Superintendents of Training Schools for Nurses should affiliate with that Council, and it is to be hoped that that affiliation will be a real thing, for these societies can be mutually helpful. All those problems, whose solution means the health, peace and happiness of the world, are considered carefully at the Council meetings, and nurses, who by virtue of their experience and loving ministry among the sick, the poor, the erring and the sad have gained an insight into human ills and so are enabled to give most valuable assistance in solving those manifold problems. But you must not let the Council forget you.

The next convention of the council takes place at Fort William and Port Arthur, beginning June 15th. At this convention special attention is to be given to child welfare work.

All the affiliated societies have been requested to appoint a committee to look after the sale of the Year Book among their members. This Year Book is most interesting and instructive and is only twenty-five cents. The Council needs the proceeds to cover the cost of publication, so it is most desirable that each affiliated society purchase as many copies as possible.

Respectfully submitted,

MARY ARD. MACKENZIE.

Moved by Miss MacKenzie, seconded by Miss Matheson, that report be adopted. Carried.

REPORT OF SPECIAL COMMITTEE ON AMALGAMATION.

Ladies:—

At the last annual meeting of this society, on the request of the Canadian Hospital Association that this society amalgamate with the Hospital Association, it was decided to appoint a committee from each society to study the question in all its bearings and to bring in a recommendation for or against amalgamation at this annual meeting. The committee from this society was composed of Misses Stanley, Robinson and Mackenzie. Owing to pressure of hospital duties, Miss Stanley, the convener, was obliged to withdraw. The remaining members met and decided it would be well to get an expression of opinion from

as many Superintendents of nurses as possible. Accordingly, question and reply cards were sent out to a number of Superintendents, and from those returned we found that 50 per cent. were decidedly against union, 28.6 per cent. were in favor and 21.4 per cent. were doubtful.

This committee begs to recommend that this society do not amalgamate with the Canadian Hospital Association—and for the following reasons: (1) There is enough work to be done in connection with training schools to keep one society busy, and the Canadian Society of Superintendents of Training Schools for Nurses can do that work better, more effectively and more sanely when it preserves its identity. There are many problems for this society to solve, for with its members really rests what the nursing profession is to be. (2) This society in its membership is strictly professional and educational. (3) It has been claimed that the union would make for economy: bargains are very doubtful blessings. That all would reap the benefits of the papers, discussions, etc. That may be obtained by arranging meetings as they are arranged during this convention: they are held at the same place and programmes are so worked out that members from both societies may attend all sessions, and union meetings and conferences may be arranged for as desired. (4) This society would gain nothing by the union, for the members of the Hospital Association know necessarily very little about the training of nurses, whereas the superintendents of training schools know a great deal about the management of hospitals. The object of this association is to study out all the phases of training school work, so that its members may be mistresses of that branch, authorities, to whom all such matters should be referred.

By all means, let us have sympathetic co-operation, friendly, helpful interest in each other's welfare, but—and this should be the watchword of our profession to-day—let us hold fast to this: we are specialists in training school matters, we are mistresses in that part of the work, and nothing should make us give up that place, saving only incompetency. Let us hold fast to that, take nothing less. It is in this society, composed, as it is, of professional women of the highest type, that such truths will be fostered, that we shall, by careful study, build up our ideals, know what an influence we may be, and so be able to take our stand where it was intended we should.

Wherefore, this committee respectfully recommends that this society do not join forces with the Hospital Association.

I beg, on behalf of the committee, to move the adoption of this report.

May 25th, 1911.

MARY ARD. MACKENZIE.

Moved by Miss MacKenzie, that report be adopted.

Miss Green—If I say anything at all, I move the adoption of the report. I am quite in accord with it.

Miss Stewart—I also am in accord with it.

Miss Stanley seconded the motion. Carried.

Canadian Army Reserve.

Miss Brent—Last year a meeting was held at the same time as the annual meeting in Toronto of the Canadian Society of Superintendents of Training Schools for Nurses to propose the establishment of the Canadian Army Nursing Reserve. A committee was formed, consisting of Mrs. Cotton as President, Miss Snively, Miss MacKenzie, Miss Crosby, and myself. We had three meetings in all, and I am sorry to report that nothing has been done. We had a constitution, which we went carefully over and sent to Ottawa. In the meantime one of the officers from the Association, Major Drumm, came to Toronto, and the new ideas he had in connection with it were not acceptable to the Committee. If we followed these ideas, our nurses would have to go to any place in the Empire. If an army were brought into Canada we would need fifteen hundred nurses. Our Society should first be a Canadian Society. Nothing further has been done.

Report of Committee Appointed to Interest College Women.

Miss Brent—We arranged for a meeting at Annesley Hall. Miss MacKenzie was called out of town that day and we could not have a meeting.

Miss Stanley moved that Miss Pashley's resignation be accepted. Carried.
Appointment of Nominating Committee by President.

Mrs. Bowman and Miss Green appointed.

Paper on "Schools of Nursing and the State," by Miss Annie W. Goodrich, R.N., Inspector Nurse Training Schools, New York State Education Department.

SCHOOLS OF NURSING AND THE STATE.

The now almost universal registration movement would seem to evidence beyond further controversy the need of statutory control of the practice of nursing. It is a rather curious fact that the first Nurse Practice Act was passed in South Africa in 1891. In 26 of our 46 United States, nurse practice acts have been passed, the first being the North Carolina Bill in 1903, three other States securing legislation that year—New York, New Jersey and Virginia.

I understand that in Canada your legislation will be similar to ours; that is, each province will have a separate Bill, and that Ontario has a Bill already drafted.

In England, a Bill has been before the House of Commons, and my latest report concerning Australia was that the Bill had been passed by the Upper House. New South Wales has, I understand, a bill similar to New Zealand, with some improvements, and in New Zealand, it seems to me, we find the most far-reaching and comprehensive legislation that has yet appeared. For, though its Nurse Practice Act is very limited in its requirements, in addition to the general systematization of its institutions, through medical and nurse inspection, comes its Hospitals and Charitable Institutions Act, of 1910, which also bears somewhat indirectly upon the preparation of the nurse.

Of New Zealand's legislation, I shall speak more fully in connection with the New York State Bill, which I propose to discuss after presenting a few general statistics concerning hospitals and schools, with a brief summary of the Nurse Practice Acts of the United States.

The 1908 report of the Commissioner of Education in Washington shows 1,026 schools of nursing, 185,932 hospital beds, 26,467 pupils in training, and 6,759 graduates yearly.

In the States that have passed Nurse Practice Acts, the four lines of legal requirements are as follows: Preliminary education, Professional training, Licensing tests and Registry.

Preliminary Education.—Five States require now, or will within the next few years, a High School course or its equivalent—Delaware, Maryland, North Carolina, Oklahoma (1914, West Virginia). Three States require one year of the High School or its equivalent—New Hampshire, New York and Illinois. Six require Grammar School or its equivalent—California, Indiana, Michigan, Minnesota, Nebraska and Missouri. The remainder leave this question to the Governing Board, or do not mention it.

Professional Training.—No State requires less than two years, and seven require three. The average course of instruction as reported by the Commissioner of Education in Washington is two years and eight months. The majority of laws require training in a general hospital; some accept the special hospital with affiliations for the services in which they are deficient.

Licensing Test.—Examination is required for licensing in all States but one—New Jersey.

Registry.—All the laws give the privilege of the use of the title of Registered Nurse, with the abbreviation R.N. Seven States have compulsory registration—that is to say, they make it unlawful to assume the title, indicate to be, or practice as a trained or graduate in addition to Registered Nurse, without a license from the Controlling Board. These States are: Virginia, Indiana, Colorado, Iowa, Texas, Oklahoma and Wyoming.

In sixteen States the Examining Boards are composed wholly of nurses—Colorado, Connecticut, District of Columbia, Georgia, Indiana, Maryland, Nebraska, New Hampshire, New York, Oklahoma, Texas, Virginia, Washington, Wyoming, Missouri and Illinois.

In seven States the Board is composed of nurses, doctors and laymen—Delaware, North Carolina, Michigan, California, Iowa, Minnesota and Massachusetts.

In two States the Board is entirely composed of men—Pennsylvania and West Virginia.

Fourteen States have a reciprocity clause, namely, a clause that provides that nurses who have received their training in States making the same requirements as their own may be registered in these States without examination. Twelve make no such provision. These are: North Carolina, New Jersey, New York, Maryland, Indiana, Connecticut, West Virginia, Georgia, Delaware, Pennsylvania and Massachusetts.

The New York State law, and this is the law with the workings of which I am most conversant, reads in part as follows:*

“Any resident of the State of New York being over the age of 21 years, and of good moral character holding a diploma from a Training School for Nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York, as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practice as a Registered Nurse, etc. It also provides a Board of Examiners. Following the Nurse Practice Act, we find the more detailed Regents’ rulings, which, of course, are subject to change as new conditions arise, and which read at present in part as follows:

Requirements for Registration of Training Schools for Nurses.

REGENTS’ RULES. CHAPTER 12.

451. **Incorporation.**—A training school for nurses or the institution of which it is a department, must be incorporated (by the Regents subsequent to July 19, Laws of 1907, Ch. 646), and will be inspected by the Education Department upon receiving its formal application for registration, showing that it possesses the minimum requirements.

452. **Hospital Facilities.**—For registration, a nurses’ training school must be connected with a hospital (or sanitarium) having not less than 25 beds (unless there is a daily average of 25 patients in the hospital, affiliation with other hospitals should be provided), and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital’s facilities for private or ward patients.

*Note.—The data concerning the different Nurse Practice Acts has been gathered together by Miss Louise C. Boyd, Graduate of the Hospital Economics Course, Teachers’ College, Columbia University, to whom I beg to acknowledge my indebtedness.

454. Subjects of State Examination.—Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing with operative technic, including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick, including (a) twelve lessons in cooking in a good technical school or with a competent diet teacher, (b) food values and feeding in special cases, to be taught in classes, not by lectures, (6) a thorough course of theoretical instruction in contagious nursing where practical experience is impossible, (7) bacteriology.

455. Professional Education.—The period of instruction in the training schools shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital, etc.

I believe that New York State, by placing the schools in the hands of its State Board of Education, under the Regents, with its Nurse Board of Examiners, its Advisory Council and its inspection of the institutions, has done more for the education of the nurses than any State, not excepting those with a higher education requirement and a longer professional training. It is bringing about a greater uniformity in the curricula of the schools, by the issuance of its syllabus. It is requiring institutions to affiliate for the services in which they are deficient; it has called for a larger teaching and administrative staff; it is lessening the hours of practical work, and has obtained better housing conditions for the pupils, thereby attracting a higher grade of women to the profession, and in many institutions unhygienic and unsanitary conditions which have made them most undesirable teaching fields, have been done away with, or at least improved: but the law in New York State is permissive only, not mandatory, and herein lies its limitation.

It is interesting to compare the New Zealand legislation with the work in New York State, for I believe that the systematization of the institutions of which I have spoken, and its wider legislation controlling institutions, is the direct result of the study of the problems which that country has been able to make through its medical and nurse inspection, though I am unable to state when such inspection was obtained. One of the most important results is their perception of the necessity of and their determination upon a fixed proportion of trained and untrained nurses. Let me quote as follows from the Annual Report of the Inspector-General of Hospitals:

"Table 1 shows particulars relating to the 53 hospitals in the Dominion. There are 68 paid surgeons in the public hospital service, and 593 nurses. Of the latter, 188 are certificated. Therefore, there is one trained nurse to every 2.1 untrained, or, in other words, 31 per cent. are trained nurses. This proportion should not go below one trained to every three untrained."

Neither does this number of salaried assistants lower their proportion of nurses to occupied beds, as is shown by the following statement:

"Statistics show that there is one nurse to every three beds in the Dominion, but, as the beds of some of our hospitals are never fully occupied, deductions drawn from these data would be misleading. A better idea can be gained by considering the proportion of nurses to the daily average of occupied beds, which for the Dominion amounts to one nurse for every 2.3 beds occupied." The proportion of nurses to occupied beds, according to this year's reports from the registered institutions in New York State, is one to three, exclusive of the hospitals for the insane. Including these institutions, one to 5.1. I do not know what the proportion of graduates to undergraduates is in the United States, but I fear it is far from one to 2.1.

Their Nurse Practice Act, which, as I said before, is somewhat meagre in its requirements, was passed previous to 1902, and reads as follows:

"After January, 1902, any nurse who has attained the age of twenty-three

and holds a three-years certificate of training from her hospital, showing that she has had not less than twelve lectures from medical officer and matron during each year of her training, and who passes the State examination, can be registered as a New Zealand nurse. Examination fee, one pound."

Following this, in 1910, the Hospitals and Charitable Institutions Act was passed, to which I also referred earlier, and for my knowledge of which I am indebted to the Nursing Journal of New Zealand, which provides that all institutions in a district be under the control of a single Board, instead of the separate boards of the individual institutions. It defines very clearly and comprehensively the kinds of institutions which may be established under such boards, from the general hospital to "any institution established for any other purpose which the Governor-in-Council declares to be a public charitable purpose within the provision of the Act." It controls the building of all institutions by requiring the consent of the Minister, who through the Inspector-General of Hospitals may inform himself of the need of such additional institutions. I understand that it requires that the plans of all contemplated buildings be submitted for criticism. The appointment of the Boards of medical officers, matrons, etc., must also be referred to the Minister, which again gives an opportunity to the Inspector-General or his assistant to avert improper and unfitting appointments. This Act provides that the members of these Boards may be either men or women. The clause which most closely bears upon the schools of nursing is that which controls their hours of employment, and which reads as follows:

"In hospitals of over 100 beds, the hours of employment of uncertificated nurses shall not exceed 56 in any one week."

The evolutionary process that has turned the industries out of the home, and consequently has turned the single and self-supporting woman out, has gone still further, and relieved and is relieving more and more the home of its most precious burdens, the care of its helpless—the children, the aged, the mentally or physically unsound. "The general object," says the former edition of the Encyclopedia Britannica, "for which hospitals have been established may be stated to be the gratuitous medical and surgical treatment of indigent sick." That is not a picture of the hospital to-day. The hospitals have become complicated and costly plants for the sick of all classes, and with all forms of diseases, with an ever-increasing number of beds (a well-known architectural magazine, calling for specialists in hospital construction, stated that whereas the number of hospital beds in Massachusetts to the population had been until recently less than one to 1,500, would soon be one to 100), and an ever-increasing number of departments, such as social service, X-ray, dental department, always increasing the cost of maintenance, and always requiring an addition to the staff.

The hospitals must provide the luxuries of the hotel for the wealthy, and the medical and nursing care at less cost than they could obtain it in their homes for the people of moderate means. They are the practice fields for the student doctor, and for the student nurse; they must provide the theory as well as the experience. They are the scientific workshops of the nation's health, upon whose accurate, intelligent and conscientious work the value of the experiments of the medical scientists must greatly depend.

A leading practitioner in New York recently addressing a graduating class of a well-known institution, said:

"There is another view of your usefulness to which I have not seen allusion anywhere. I am thinking of the results of your help to the doctor in the study and solution of his problems. It seems to me that her share in the advancement of medical knowledge has never been fully accorded to the trained nurse. For all our information as to the symptoms presented by the patient in the intervals of our visits, we must rely upon your powers of observation and your skill in recording your observations. You must fill many a gap in our ex-

perience of the patient's condition; much of our knowledge of daily, hourly changes in his disease could not be acquired without your assistance. Our study of his malady would be but fragmentary and disconnected if you were not here to help us."

If this be true, and no one can deny it, the contention of our nurse experts that a definite preliminary preparation is absolutely essential, is true also. As you are probably aware, this contention has been sustained recently by the National Hospital Association, who have recommended that such courses should be established in every school, and should extend over a period of not less than three months—preferably six—with an entrance educational qualification of a year of the High School or its equivalent. A careful study in one state of hospital conditions (and I do not question but that this would be true not only of the United States, but of Canada) shows that the establishment of such courses, owing to the limited housing capacity and limited administrative and teaching forces, and, above all, limited endowment, is out of the question in all but a few (not more than five institutions) in the country. Should the State, therefore, limit itself to Acts that define who shall practice as a nurse? Should it not go further, and provide in its high schools, its technical schools or its colleges, preparatory courses, make State appropriations to that end?

The nation seems to be awakening to an appreciation that its most valuable resource is a healthy population. Should it not insure for this group of workers, upon whom it depends not only in its institutions, but throughout the community, for a very definite assistance in the solution of the health problems, proper theoretical preparations for this work?

The deterioration of the industries through the failure of the shop to produce the skilled artisan, because of the inevitable subordination of the apprentice to the needs of the shop, has produced the vocational schools, for which the State makes large appropriations yearly. Study the statistics of any large group of our institutions, and you cannot but deduce that the same result is arising in our schools. The subordination of the pupil to the needs of the institution is failing to prepare the nurse for the needs of the community. From the professions down through the trades, the apprenticeship system has disappeared except in our schools. Not anyone can study the question of the vocations and not appreciate how closely allied their problems are to ours, for their skill is mainly dependent upon their practical experience, and yet they require sufficient theory to make their practice intelligent. Says one writer contending for more theory in the preparation for the trades:

"Practice in one section of the trade does not always produce skill, and gives no knowledge whatever of theory." I do not find that in Germany the preparation for any trade requires less than nine hours' theory weekly, and the German law requires that every child shall be under educational influence until 18 years of age. I believe that I am correct when I state that the average number of hours in our training schools devoted to theory weekly is not more than three. Our requirement of one year of the High School, or its equivalent, means that a girl may leave school at 16, and even this educational requirement, owing to the increasing force needed, is being contested. The increased force required in institutions does not justify the lowering of educational standards. The difficulty must be met in some other way.

May I again quote from the *Encyclopedia Britannica*?—

"The duties of the nurse ought to be distinctly confined to attendance on the sick, and not menial work demanded of them, such as scrubbing the floors and the like. A proper staff of servants ought to be employed for such purposes."

If this was true in 1884, how much more to-day, with the increasing demands upon the pupil nurse, due to the scientific advance of surgery and medicine! The fixed proportion of graduates to undergraduates that I have men-

tioned would also, of course, increase the force, but we must go further than this to relieve the situation.

In a remarkable book by the late President of the American Society of Mechanical Engineers, called "The Principles of Scientific Management," Mr. Taylors says:

"In the past the man has been first; in the future the system must be first. This in no sense, however, implies that great men are not needed. On the contrary, the first object of any good system must be that of developing first-class men, and under systematic management the best man rises to the top more certainly and more rapidly than ever before." And he adds: "This paper has been written,

"First, to point out, through a series of simple illustrations, the great loss which the whole country is suffering through inefficiency in almost all of our daily acts.

"Second, to try to convince the reader that the remedy for this inefficiency lies in systematic management, rather than in searching for some unusual or extraordinary man.

"Third, to prove that the best management is a true science resting upon clearly defined laws, rules and principles, as a foundation. And, further, to show that the fundamental principles of scientific management are applicable to all kinds of human activities, from our simplest individual acts to the work of our great corporations, which call for the most elaborate co-operation," and Mr. Taylor proves his point by many practical examples.

No one can study our institutions and not realize that every word of this applies to them. Let me give three simple illustrations: Years ago, Sir Douglas Galton said that the watchword of the institution should be light, air, cleanliness and speedy removal of refuse. Since October, I have inspected over 90 institutions; in one only have I found an efficient and immediate method for the disposal of refuse. An oven built in the wall of the surgical dressing room for the destruction of waste material, inconspicuous, sanitary, safe, and immediate in its action.

Consider the way in which patients receive their meals in the long wards of the general hospital (sometimes 80 to even 100 feet). These trays are carried, not by maids, not by orderlies, sometimes by patients, but usually by nurses. In one institution of those I have inspected, there is a food carrier, upon which some ten trays can be placed, and the whole truck easily carried by one person the entire length of the ward. The vacuum cleaning system which is being installed far more slowly into our institutions for the sick than in the hotels and other public buildings, reduces perceptibly the force of cleaners. I think we could all multiply, with a little thought, these examples, and every example calls for such a study of the scientific managements of institutions.

I believe the State, therefore, must go beyond the question of preliminary training, and require that every institution maintaining a school shall give evidence of its fitness as a teaching field for the nurse from the standpoint of administration, and not administration only, but of endowment, construction, equipment and clinical material, and that every woman desiring to practice as a nurse should not only pass an examination, but give evidence of having had experience in medical and surgical nursing, children's and mental diseases, and obstetrics, in institutions approved by the State.

Let me repeat and add to the statistics I have already given concerning the hospitals and schools:

Of the 1,026 schools of nursing, 938 are connected with general hospitals, and 70 with hospitals for the insane; 87,373 of the nearly 200,000 hospital beds are in the 938 general hospitals; 97,345 beds are to be found in the 70 hospitals for the insane. Of the 26,467 pupils, 22,448 are with the general hospitals; 2,451

are in the hospitals for the insane. Of the 6,759 graduates, 5,702 graduated from the general hospitals, and 746 only from hospitals for the insane.

It is true that the duration of a case accounts for the large number of hospital beds for the insane, but this does not alter the fact that the proportion of sane to the insane in some of our States is one to 200; that about 50 per cent. are sent out of the institutions, if not cured, sufficiently improved to be discharged, and that a very large proportion of the cases are due to preventable causes; and yet of our 6,000 or more graduates, the number who really have had experience in the care of mental diseases is probably not over 800, and this 800 have usually little knowledge of general nursing, and yet the relation between the physical and mental is too close to be denied. Then let us study the statistics of the general institutions: Of the 123 registered hospitals in New York State, 25 per cent. have over 100 beds, 75 per cent. coming under the head of small institutions, and show roughly the following division of services:

Surgery, 18; medical, 8; children, 4; obstetrics, 2. The mother and the child, therefore, are taken care of in the home, and the knowledge of these conditions is particularly essential for the graduate nurse. Do not such statistics demonstrate very clearly the need of statutory regulation?

The work of the nurse in the community is no longer palliative only, but preventive. Her work is no longer confined solely to the home, nor is her work in district association confined solely to nursing. Let me read the four branches of work as outlined from the Nurses' Settlement of Henry Street, New York: First—Civic Work—Fight for clean streets, better schools, more parks, improved conditions. Second—Social Work—Clubs, classes, kindergartens, gymnasiums, etc. Third—Country Work—Summer fresh air parties, camps, vacation homes, convalescing homes. Fourth—Visiting Nursing. In the report just issued by the Society for the Study and Prevention of Infant Mortality, we find articles dealing with the instruction of the father and the instruction of the mother, and the instruction of the teachers, and in nearly every article we note that the instruction of the mother and child is in the hands of the nurse. We find no article that states what the nurses' preparation shall be for such important work. According to Miss Water's work, "Visiting Nurses in the United States," we find there are visiting nursing associations in 38 States, with a total number of 641 associations, representing about 1,500 nurses; 29 municipalities, representing 16 States, employ visiting nurses for tuberculosis patients, the number of nurses employed being about 200. Public school nurses are employed by 23 municipalities, representing 14 States, the number of nurses being nearly 300. We have, therefore, nearly 2,000 nurses in visiting nurses' work, nearly 500 being employed by municipalities alone. Concerning this work in one field, the division of Child Hygiene, the Bureau of Municipal Research in New York has prophesied the most far-reaching results in the reduction of infant mortality, increased national efficiency from the education and industrial standpoint, even "the decrease of poverty and crime." If our proportion of graduates nearly approached the proportion previously mentioned, we should need over 8,000 graduates in the institutions alone. Not less than 3,000 are required, as it is in administrative and teaching positions. In New York, upon the city pay-roll appear the names of over 600 graduates, not one of whom is receiving a salary of less than \$700 yearly. Has the State no responsibility in the preparation of a force of workers upon whom it is calling so largely? There is but one university in the world that offers any advanced preparations for the administrative and teaching fields, the Department of Nursing and Health, Columbia University, mainly supported by our Nurses' Associations until recently endowed by a far-sighted philanthropist in New York. Such departments should be found in every university.

Legislation for all professions has come not through the community at large, but through its own members, whose knowledge of how such professions

can best serve the State, has given them the privilege of the controlling voice, and the reward of whose efforts has been the ultimate approval and support of the people. We nurses should stand strongly together, working unceasingly to awaken the community to the need of a high educational standard, and a comprehensive and thorough preparation of our members for their great responsibility. I think there could be none greater—the daily and hourly responsibility of the nation's health.

ANNIE W. GOODRICH, R.N.,

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Discussion.

Miss Madden—I should like to be able to express to Miss Goodrich our thanks and appreciation for her paper. I think the matter is perhaps new to us in a sense. We have all thought it, but we have not been able to formulate it. We realize our inability to give the thorough training we should to our nurses. It is safe to say that. I know it is in my own case. I feel, of course, the registration matter has been the means of bringing about conditions as they are in New York State, and they are better there than in any other State, far better than they are in Ontario. I graduated from a hospital in New York myself. It has been benefited and improved since the registration of nurses has been approved, and taken up. I was in charge of one in New York City for a short time, and I know the changes there. Nurses in Massachusetts got their registration a year ago. There is no question but that we all want registration in Ontario, and we want it to be in the best possible form when we get it. The value of this Act, of course, is plain. It simply makes it possible for the Superintendents of training schools to give nurses in training the training that she thinks they require. Now that we have no State inspection, no help, each one standing alone, it is a very difficult problem for us all. Certainly, if the nurses might be given a preliminary training in our colleges, it would solve the problem for us. Just at present we are trying to arrange a course in Chemistry. Anything that pertains to the thorough training of the nurses is a benefit to the community at large. Nurses' work is enlarging all the time. Miss Goodrich has told us some of the things that the nurses are expected to take up. It is not fair to expect us to give that training to nurses without the help of the Province or State. If we could have the proper preliminary course in the High Schools, under the supervision of the Boards of Education, that would settle that problem for us. It ought to be a Government expense. Until the Government realizes that this is a responsibility of theirs, we will have to stumble on alone, and it rests with this body in Ontario to make that felt. Our ideas are broadening in regard to the experience necessary for nurses. We all know of the special hospital giving a two years' or three years' course. I know a private hospital in Boston giving a two and a half years' course and then giving a diploma to its nurses. That, of course, will cease now that they have a State law.

Miss Stanley—Upon what does the Government chiefly base its opposition to registration? It must have had some basis of opposition. I should like to know what it was, because if we once found out what their opposition was against it, perhaps we would know better how to go about obtaining registration for our nurses.

Miss Goodrich—I really cannot answer that question. It based its opposition on its unwillingness to attack a new problem. I hope they will soon see that national health is a matter which must be considered and dealt with by themselves.

"The Making of an Ideal Nursing Journal." by Miss Mary A. Catton, Superintendent Lady Stanley Institute, Ottawa. Read by Miss Matheson.

THE MAKING OF AN IDEAL NURSING JOURNAL.

Some attention has recently been directed toward what may be considered the development of the ideal in nursing journalism, and as a consequence of that attention my humble pen has endeavored to express an opinion under the pressure of most kindly solicitation.

It has been said that "The nearer a writer is to an event the more authority he has as a witness, but the less authority as a judge." Alas! my position in this particular can claim neither the authority as a witness nor that of a judge, but merely own to an opinion based on impressions—as the production of an artist must depend upon the enchantment which distance lends to his view.

The development of an ideal journal devoted exclusively to nursing affairs, where the growth is young and the area limited, is undoubtedly an effort of which the result may be considered problematical, and one of which the viewpoint in the perspective may easily be lost sight of, mainly because of the fact that its material must be derived from women, whose lives are overflowing with interests and duties, and who though willing and interested may be unable to put into expression their experiences, because of their very close application to the manual and practical side of life, and correspondingly less to the mental faculty of expression. Then, too, nurses as a rule develop a high nervous tension, which is apt to lead them into a flame of enthusiasm which may be short lived and soon decline into dimness.

How to avoid this result, and bridge over the weak link, is a point on which the governing factors must work. They must needs plan their work centres, so that by careful and systematic assortment certain areas may not be overworked and others allowed to deteriorate by lack of attention. Needless to say that all work must be in harmony with the ideal standard in view. Where there is talent, disposition, material and diligence, the standard vitality of the journal must be assured. That an ideal journal may be realized depends absolutely upon the united efforts of all forces. The journal office should be the central reservoir; to it should be directed the currents of every day events, which must meet in a common focus to the nourishing and sustaining of the journal's best faculties—that from it in turn may radiate assistance and replenishment to the outermost limit of its circulation. By the interchange of ideas and experiences in the cycle of its gradual development it must ultimately reach the limit of its capacity, and that capacity represents the coveted aim; however, its strength must be in keeping with the area of the field which it represents and the quality and variety of the production of that field. If its assimilation is poor it must needs follow that its energy will be lessened accordingly, and in proportion to its quality and selection of material will depend its strength and endurance. In this, as in all other spheres of life, humanity develops to a higher plane of sympathetic perception, which may be greater, or less, according to the degree of innate receptivity possessed by each individual. That each may extract according to his or her desire or need there must first be established a system of reciprocity which must be governed by strong and extensive lines, which in their reaching from centre to periphery and vice versa maintain unslackened tension of the working order of the combined forces.

Carlyle compares the work of this world to an immense hand barrow with innumerable handles, of which there is one for every human being. "but," he says, "there are some who are so lazy that they do not only let go their handle but jump upon the barrow." In this sphere of nursing which concerns us directly there may likewise be some who not only place their own weight upon the barrow but add thereto the weight of a few well-concealed pebbles.

In the forming of the cycle we find that one division must add strength to the other, and where one is weak the other in its strength must provide; as the hub to the spoke, and the spoke to the tire, sufficient to a complete wheel, the strength thereof being in proportion to the quality of the material and the care in detail of its construction.

The editor-in-chief, the editorial body, the training schools, and the great body of private duty nurses, are forces which should be equal to accomplishing the desired aim.

It has been said that the locomotive was not the result of any one man's effort, but the work of a generation of engineers.

The production of an ideal journal need not be expected in a day—development may be slow, but where the governing forces work in continuity and harmony there must be progress.

This present era of nursing work should be productive of much good material. Stimulus is needed and must be administered systematically and periodically by judicious methods.

Valuable material may be derived from young nurses in training, as well as those of broader experience. There could be no more certain course pursued to the fostering of interest in the journal than by this method of weaving the personal experiences of the younger generation of nurses into its pages.

That a journal should not be maintained for commercial and speculative purposes only need not be questioned. Such inclination has been noted in some particular cases, but a technical journal of any kind is intended for a definite purpose, and its object should be paramount throughout the course of its existence; if not, then it may be assumed that its endurance is doubtful. The very factors which control its development and have a personal interest in its success are those on whom it also depends for revenue from its subscriptions. Were the management of a journal at fault in utilizing its pages for other purposes than that for which it was originally intended—namely, technical information—then its subscriptions must ultimately decline, and gradually its identity becomes lost. If, however, on the other hand, interest is sufficiently broad and strong, and the editor and governing board of sufficient enterprise to succeed in developing interest on all sides, then its success, financially and otherwise, need not be doubted.

The character of the ideal journal must be based on four cardinal principles. It must be: (1) Interesting; (2) instructive; (3) progressive; (4) clean. To be interesting it must be stimulating in style, character and classification of its material. It must avoid monotony and insipidity. Its information must be in sufficient variety to appeal to its various readers. Its editorials must be broad, sane and diplomatic in being totally non-partisan. It must stimulate expression in its readers sufficient to call forth a response. Its pages should be representative of all departments in the nursing world and should focus attention upon all those who by individual or collective efforts have rendered service to the profession. Its style should be unique and its pages well illustrated. Above all, it must be magnetic.

To be instructive it must deal clearly and broadly with the various phases of nursing work, its articles must be practical rather than theoretical. It must stimulate co-operation and arouse professional interest in all matters pertaining to the education and status of nurses. Its pages should not deal merely with the latest developments in medical research, nursing methods and hospital treatment, etc., but should contain a little well selected philosophy, points on hospital and private nursing ethics, business enterprise and investment for nurses, points on hospital government, finances, administration and statistics on maintenance, training school methods in their various applications, board of health laws governing quarantine, coroners' inquests, etc.,

fire insurance laws covering hospital equipment, fire-escapes, etc., textbook reviews by a question and answer column, which must be of material interest in the instruction it would afford to private duty nurses, especially those who are constantly isolated from their textbooks.

Then, to be progressive, a journal must keep in touch with and recognize impartially the latest developments in nursing both at home and abroad. The spirit of jealousy must be avoided if progress must not be retarded. Rivalry is a good element, for by opposing forces character is developed and standards attained. Systematic and periodic cleaning out must be resorted to just as a house must receive its semi-annual "house-cleaning," in order that its atmosphere may be in harmony with the order and style of its furnishings. It must bring together forces of sufficient activity to offset indifference and stagnation. It must keep in touch with all organization and training school events. It must endeavor throughout to attain a standard of which it may be proud—not only in a comparative sense but in the amount of diligent effort exercised in its attainment. The journal should in itself embody unlimited resources for the development and education of those who read its pages—in other words, the ideal journal should in its scope and means be conducive to raising the would-be progressive woman from a lower stratum of knowledge to a higher plane.

To be clean, a journal must keep out of its pages articles dealing with the moral and professional shortcomings of nurses and physicians, articles dealing with prophylactic measures necessary in certain specific diseases, articles dealing with the pros and cons of certain duties in the nursing care of male patients. All advertisements occupying space on its pages must be bona fide and in keeping with the character of the journal. The paper, the type and the cover of the journal must be carefully selected, in good style as to color and neatness, neither elaborate nor cheap, but in keeping with its standard and class.

Undoubtedly the best business basis on which to establish a technical journal is that wherein it is controlled entirely by a large representative body, such as a national associated alumnae, which in its breadth and strength may be equal to sustaining its financial requirements, a matter of no small consideration when we realize that the publication of an ordinary journal involves the annual expenditure of at least three or four thousand dollars. Each member of the alumnae must have a personal interest in its success without any possibility of invading commercialism. By the alumnae body the journal must be owned, managed and edited.

The preliminary steps for such a project must first take deliberate and definite form. The publishing house must be selected and consulted, with a view to obtaining data from which to formulate the scheme. The prospective list of subscriptions and financial backing must be assured. The area of the field, the estimated profit and loss, the estimated enterprise of those concerned, and the loyal support of all must be considered. When the plans have been formulated and support assured, officers elected and the company incorporated, then may follow the election of the editor-in-chief, who individually may be considered the most important agent of the scheme, for upon her business ability and ingenuity depends much of the success or failure of the journal. In the selection of the editor the following attributes are essential: physical and mental vigor, business ability, broad experience, broad educational advantages, good judgment, resourcefulness, a magnetic personality and literary ability. Last but not least the editor must be a nurse in order that professional harmony may be maintained by the balance wheel of sympathetic understanding and discrimination. Besides the editor-in-chief there may be an assistant editor, a president, secretary and treasurer, elected annually from among the board of directors. A number of collaborators, who

may co-operate with the editor in such matters as the re-arrangement of the journal pages and the settlement of questions which arouse journal interest. Each collaborator may also represent a certain department of the journal body and be responsible for its material. That the entire shares be owned by one body is most certainly the better plan. There can then be no divided interests, but instead combined harmony. The journal must be prompt in its issues and likewise prompt in its renewal of subscriptions. The timely renewal blank is a good reminder. Its subscription list must continue to increase, and this may be assisted by a number of schemes; vigilance in announcing new arrivals in the field, and the polite issue of a pencilled copy of such journal to the new arrival. Complimentary copies of the journal containing the announcement of graduation exercises to members of graduated class. A journal subscription committee may be formed from the members of each alumnae. A twofold object may be accomplished by the journal in utilizing incapacitated nurses as agents for soliciting subscriptions.

Advertisements should decorate the outer pages only, their intermixture with nursing affairs is suggestive of the thistle field, where, in proportion to the growth of thistles, is a corresponding deficiency in the quality of grain. The editorial columns are taken as the true expression of the journal's worth, and should therefore be first of all its pages to greet the reader. The various departments of the nursing world represented on its pages must be defined clearly and in good style. A miscellaneous business page may be suggested for the purpose of instructing nurses in the technicalities of ordinary business proceedings. The ideal journal should be emblematic of the clover field, wherein, it is said, that if the ass once feeds it cares no longer to feed upon thistles. Perhaps there exists no other sphere in which women are so closely and harmoniously united as in this field of nursing—the body promises to be strong and beautiful in its development, its growth is rapid, its vitality enduring, its maturity promising and its aim the flower of noble deeds.

In discussion, I would advocate the improvement of the Canadian Journal by a complete reorganization of its plans. A national association in a field like Canada should be capable of producing a journal of adequate quality to compete with any journal in the field to-day. By such management each member of the association by paying a certain annual fee would be also a subscriber to the journal. Every individual member would then be a member, subscriber, agent and contributor of the journal.

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TUBERCULOSIS: OUR ATTITUDE TOWARDS ITS PREVENTION AND CURE.

This paper discusses the following questions:—

1. Are we unreasonably afraid of tuberculosis?
 2. Do we believe tuberculosis is preventable?
 3. Do we believe tuberculosis is curable or non-curable?
 4. Do we believe tuberculosis is contracted, not inherited?
 5. Do we sufficiently appreciate the nurse's opportunities in securing early diagnosis?
 6. Do we understand the general treatment of tuberculosis?
 7. Do we understand the prognosis of tuberculosis?
 8. Do we understand tuberculosis sufficiently to teach our pupils correctly?
- Madam President, Superintendents and friends, we are about to discuss a subject that is world-wide in its immensity. Can we possibly understand

what it means to us, as nurses, who must care for, prevent, and assist in the cure of this all too prevalent disease.

Tuberculosis: our attitude toward its prevention and cure. Many volumes have been written on tuberculosis and also textbooks compiled and yet how very little is generally known of its prevention and cure. When we once realize that 92 per cent. of all adults are, perhaps unconsciously, harboring these bacilli, and fully 50 per cent. of these are already actively affected, then surely we will pause and do our very utmost to stop this contagion as well as hinder this condition in the next generation who depend so entirely on our doctors and nurses and our attitude towards tuberculosis in all its forms.

Are we unreasonably afraid of tuberculosis?

Aren't we? If such a large percentage of adults are affected with this trouble, it would seem reasonable to suspect almost all our patients of being tubercular. How often have we seen a nurse go to a case of pneumonia, of pleurisy, of Bright's disease or even a confinement case, all of which may be tubercular, with these additional troubles, or some member of the family may be tubercular. The nurse does not recognize the tubercular infection and so is quite contented with the case but, should a doctor come who does recognize the symptoms, and diagnoses the tuberculosis, she will want to leave at once. A case of "Where ignorance is bliss—" As soon as we get our trained nurses to realize that when the proper care is taken of sputum and all other excreta, tuberculosis is as safely nursed as typhoid, this unreasonable fear will disappear, while the proper disposal of these infectious materials will be one of the greatest means for the prevention of new cases.

How can we teach our patients the necessary precautions when even our nurses, entering their homes, are in such manifest terror, not so much of the disease itself as of its preventive, the sputum-flask. The patient to be afraid of is the one who has the trouble and does not know it, or, knowing it, does not use the necessary precautions.

Are our nurses entirely to blame in this matter? Should not we, as Superintendents recognize this attitude of our nurses as the result of our training or lack of training? We instruct them in the care of all other infectious diseases, why not in this, the most prevalent of all contagious diseases.

Surely our responsibilities along this line are very, very great.

Do we believe tuberculosis is preventable?

Yes, of course we do, if all the bacteria could be, at once, destroyed, but, as that happy event is still far in the future, my question is, do we believe tuberculosis is preventable now. It is a well recognized fact that, although such a great percentage of adults are tubercular, the germs can be readily cared for by the system except in times of physical debility. Then it is that the disease becomes active. We do not allow diphtheria, typhoid fever, etc., to take their own course with subsequent consequences. No. Great care is taken to prevent complications if possible. We know what sequelae to expect, hence our watchfulness and our ability to successfully abort or combat them when they occur. If we thoroughly understood tuberculosis as following so frequently on a breakdown and also thoroughly understood what symptoms to watch for, would not our prevention do a world of good. The proverbial ounce of prevention being worth pounds of cure.

The patient does not fully realize the importance of these steps in the prevention of this disease because the first visible symptoms are so subtle as to be often misunderstood until too late. The oft repeated words, "I'm so tired," the accelerated pulse, the irritability of the patient who should be convalescing, but so frequently is not doing any too well, are some of the symptoms often seen but not recognized.

(Continued on page 288)

OFFICERS OF THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President, Mrs. Findlay, 649 Church St.; First Vice-President, Miss Ellis, General Hospital; Second Vice-President, Mrs. H. Richie; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Treasurer, Mrs. Pellatt, 7 Wells St.

Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Committees—Sick Visiting, Miss Brereton; Registration, Miss Bella Crosby; Programme, Miss M. E. Christie; Social and Lookout, Miss Kilgour; Press and Publication, Miss Julia Stewart; Central Registry, Miss J. W. Ferguson, Miss H. B. Fralick; Canadian Nurse Representative, Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Power, 9 Pembroke St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss Ryan, 491 Broadview Ave.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss MacNevin, 686 Euclid Ave.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Kelly, 80 Euclid Ave.; Miss Blaney, 379 Ontario St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor.

Representatives on Central Registry Committee—Miss Greene and Miss Kimmitt, 418 Sumach St.

Representative "The Canadian Nurse"—Miss Stubberfield, Home Hospital, Gloucester St.

Regular meeting, second Monday, at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Huck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

MILITIA ORDERS.

Headquarters, Ottawa, Saturday, April 15th, 1911.

Nursing Sister M. M. Watson is posted for duty to No. 2 General Hospital.

To be a Nursing Sister—Miss Mabel Margaret Watson. 6th December, 1910.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

- MONTREAL**—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.
- TORONTO**—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.
- QUEBEC**—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

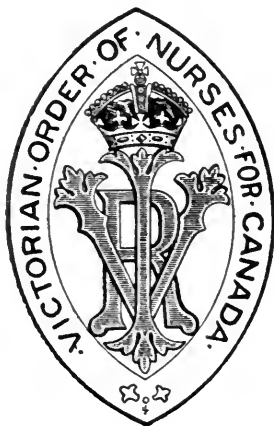
The annual meeting of the Toronto branch will be held at the Lakeside Hospital, the Island, on June 10th, at 4.30 p.m. All nurses who are interested are welcome. Please communicate with Miss Roger, 39 Wilcox Street, telephone College 1175.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE*

* The following story of the Florentine Misericordia is an abridgment from the Italian Times of January 19, 1911, sent to us from Florence by Miss Oldham. All who have read Mrs. Ewing's delightful "Brothers of Pity" will be glad to know the facts about this admirable society. Time and change have left it, in all essentials, untouched since its foundation six centuries ago. It says much for the Italian people, that they have never lost their veneration and esteem for this notable corporable work of mercy.

Among all the guilds and institutions of Florence, the one most strongly rooted in the hearts of the people is the Misericordia; its spirit of charity is as active in this twentieth century as it was in the ages of fervid faith when it sprang up. At all hours of day and night the Brothers of Mercy may be seen in the streets, carrying the sick to the hospitals, the dead to burial; and as the little black-robed procession passes by, not a man but raises his hat in reverence to the Misericordia.

(To be continued)



CHIEF SUPERINTENDENT'S REPORT, 1910 (Continued).

Five nurses have received the long service medals this year:—Misses Gray, Heales, Blakely, O'Connor and Pepper. Miss Gray served the order well for over three years, as nurse in charge of the Brantford district. Miss Heales filled the position of matron of the Lady Minto Hospital very ably at Melfort, Sask., for nearly three years. Miss Blakely gave excellent service for a term of more than seven years as matron of the hospital at Yorkton, Sask. Miss O'Connor gave good service on the Hamilton district for a term of over six years and Miss Pepper was staff nurse in the Copper Cliff Hospital for over seven years.

The report of this year's work of the Victorian Order would not be complete without mention being made of a new force which is affecting a number of our branches; this is Insurance Nursing. A little over a year ago the Metropolitan Life Insurance Company requested the Montreal branch of the order to give nursing care to their sick policy-holders in the industrial department. This was in accordance with the policy of this company, which had already been put into force in the larger cities of the United States. At the present time there are some eighty district nursing associations in the American cities, which are co-operating with this company in its life-saving campaign. In the Canadian cities this company has some 200,000 policy-holders. Insurance nursing is practically an extension of factory nursing. The company, realizing the fact that it is to their advantage to make and keep people well, and recognizing that the district nurse is one of the most potent of the curative and preventive factors in this century, have enlisted the interest and co-operation of the best district nursing associations, and to these, as specialists in that line, they have given full control of that department. The industrial policy-holders, who use the nurses, are the very poor and the small wage-earners. These hold policies for small amounts, and pay their premiums of a few cents weekly. The arrangement which the company makes with the nursing associations is that the associations care for their sick policy-holders, and the company reimburses the association by paying a sum equivalent to the actual expense to the association per visit.

The plan has been in effect in Montreal, Lachine and Ottawa for about a year, is just being put into force in Kingston and Halifax, and letters of

inquiry concerning the scheme have been received from Winnipeg, Hamilton, Brantford, London and St. John. The reports from Montreal, Lachine and Ottawa are that the work has been satisfactory. By actual trial they have found that their field of usefulness has been extended, the deserving poor have been reached and the educative force of the Victorian Order nurse has penetrated into parts where it was unknown before. In doing this work, these branches have let down no bars, the same high standards have been maintained, the nurses have ministered to the two classes the order was organized for, viz., the poor and the people of moderate means.

In conclusion, we would again express our sincere thanks to all the committees throughout the Dominion for their interest in the work of the whole order, for their appreciation of the nurses' services in their respective districts and for their efforts in extending the usefulness of the organization. The Victorian Order of Nurses is the national district nursing organization. The country is growing very rapidly, and the nursing profession is on the threshold of many important changes—all of which are in the line of district nursing—and as the months go by many new ideas will knock and it is the sacred duty of the committees, in whose hands rests the future of the order, to be ever ready and to make the Victorian Order the beautiful, broad, well-rounded organization it was intended to be.

To the nurses, too, we must express our appreciation of their good, loyal service. In many parts this has been a hard year for the nurses, as there has been more sickness than usual and, at times, relief nurses could not be secured. It is our nurses who have borne the heat and burden of the day, and we thank them all most heartily. We need more and more nurses with high standards to join our ranks, and to labor with us, as our nurses have labored hitherto, in keeping the fair name of the order unsullied, so that throughout the Dominion the name "Victorian Order Nurse" may be the symbol of all that is best in the sphere of trained nursing.

All of which is respectfully submitted.

March 2nd, 1911.

MARY ARD. MACKENZIE.

Editorial

We are glad to be able to give to our readers this Convention Number, following so quickly after the Convention. The many able and interesting papers and helpful discussions are still fresh in the minds of those whose great privilege it was to be present. Doubtless because of this, the perusal of this verbatim report will prove all the more interesting and beneficial.

Other departments are necessarily omitted, but these will appear later.

The verbatim report of the annual meeting of the Graduate Nurses' Association of Ontario will appear in the July number.

A report of the Triennial Meeting of the Canadian National Association of Trained Nurses, including the constitution and by-laws as adopted, will also appear and will prove of great interest to nurses everywhere in this Canada of ours. It is hoped that all associations of trained nurses in Canada will see to it that they appear on the roll of this young but very important association.

(We regret exceedingly that a verbatim report is impossible).



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly meeting of the Canadian Nurses' Association was held on Monday, May 1st, in their room, 611, the Lindsay Building. Only two candidates' names came up for membership.

The last lecture of the season was held in the Medico Chirurgical Rooms, 175 Mansfield Street. A great many nurses attended, as the notices read "Reminiscences from Graduate Nurses," and the evening was much enjoyed by all. Miss Tedford, M.G.H., spoke on Modern Methods in Surgery. Miss Fisk told us of her first case on private duty. Some of her experiences would surely have daunted one not so courageous. Miss Colquhoun gave her experiences as a nurse in training in the M. G. H. just twenty-one years ago. Miss Trench, Superintendent of the Woman's Hospital, told how successful they had been with Caesarean Section, having had eighteen cases in the last two years, and what symptoms called for Caesarean Section. Miss Phillips spoke on the treatment for premature infants.

The Canadian Nurses' Association extend their deepest sympathy to Miss Rogers, Kingston, who has lost her brother after many months' illness. Miss Rogers was President of the Canadian Nurses' Association for seven years and did much to make the association what it is to-day.

Miss Colley, Secretary of the Canadian Nurses' Association, is nursing her brother, who is seriously ill.

Franklin Center—Miss Cora Blair is very ill, suffering from blood poisoning as the result of an infection from a case of appendicitis she was nursing.

Miss Martha Colquhoun has quite recovered from her infected finger.

Married—At Kirk-Caldy, Scotland, March 20th, Helen Patton Setterley to James Brady. Miss Setterley is a graduate of the Belleville General Hospital.

(Continued from page 281)

Many cases of so-called neurasthenia get well because the very treatment ordered, namely, outdoor life, change of location, nourishing diet, medication, etc., build up the system and the infection is successfully overcome and tuberculosis is prevented or cured before any real, physical signs of the disease could be detected, even by our specialists.

Do we believe tuberculosis is curable or non-curable?

These are weighty questions with us, for how can we help to effect a cure without faith in the ultimate result of our efforts. Hope is our great asset in fighting this dread disease. The patient has his very hopeful moments when an immediate cure is not only vaguely possible but an almost assured fact; and then he drops to a distressful period of doubting, when nothing is entirely satisfactory and the outlook is clouded. Who can estimate the wonderful effect of a hopeful nurse who, with a few words, can change this despondent patient into a fighter again. We must fight this disease. If our patient gives up then nature cannot cure him alone. It is well said, "Hope is half the battle."

If tuberculosis is to be curable, then we must be most watchful for its earliest symptoms, for we know that while many of the advanced cases are cured it is the incipient cases that are the hopeful ones. We must investigate sanatorium reports, interview, if necessary, many who have been cured, until we have firmly convinced ourselves of the curability of tuberculosis and then be most diligent in teaching our pupils who, in turn, will educate the people with whom they come in contact, for in knowledge is protection and cure, and in ignorance, danger and disease. A great difficulty in following these arrested cases is that our patients find they must never mention having had the trouble. This attitude is almost absolutely necessary, for no one will employ or associate, socially or otherwise, with anyone who has had tuberculosis or had, at present, to use a flask, disinfectants, etc.

Do we believe that tuberculosis is contracted, not inherited?

Can bacilli be inherited? Every nurse and doctor will immediately answer "No," but a weakness may be and very frequently is. Hence we must keep this generation healthy, strengthen the lungs by plenty of fresh air, proper exercise and right living, so that this tubercular diathesis will not be transmitted to the next generation. Then, and then only, can we stamp out this disease. This weakness, running through a family whose members, one after another, succumb to the trouble, is one of the strong arguments for heredity but—take one of these weak ones from an infected family and place him under favorable conditions and what do you find? Why, some of our most rugged men in history have been just such cases.

Now, having decided that tuberculosis is not inherited, surely our attitude towards its prevention becomes clearly that of destroying the contagious matter wherever found and teaching the pupil nurses under us the best known methods for so doing.

Do we sufficiently appreciate the nurse's opportunities in securing early diagnosis?

As we said before, it is the incipient cases that are the hopeful ones. It will not do to say, "Wait a while and they will be stronger and then this slight cough, etc., will disappear." Some one must suggest that proper advice be sought and followed, and who can do this better than the nurse, fully trained in the prevention and cure of tuberculosis. She can, here, use all her tact to bring about the very best results to all, for the circumstances, the temperament of the individual and many other things must be taken into consideration in order to bring about the best results. Many of these cases could be treated at home if the people could be brought to realize what a vast difference immediate attention would mean.

The history of our advanced tubercular cases usually reveals the fact that neither the patient, himself, his friends, nor even their family physician (when visited) ever thought the tubercular bacilli might be causing the loss of weight, the listless, depressed feeling and so on, because the depression is forgotten when the next day or so the patient is very hopeful and ready for almost anything. But the nurse, staying in the home, with other sick ones, day after day, her eyes fully open to these things, remembers, and, grouping all the little things together, for they are only little things, is able to say just the right word that places the ailing one on the real road to recovery.

Do we understand the general treatment of tuberculosis?

Of course the details are many and varied according to the different ideas of our medical specialists, and as we prepare catgut this way for one surgeon and that way for another, so we must learn these minor details from each and every physician in charge. But the general treatment is accepted and carried out by all, namely, aero-therapy or outdoor life, proper rest, proper exercise, the most nutritious of diets, the effort to suppress all unnecessary coughing, pleasing and helpful surroundings, the permanent and constant destruction of all sputum or infectious material, the eternal vigilance in the matter of small things and the strict adherence to all the laws of health. Not for weeks or months alone are these things necessary, but for life.

Do we, as nurses, understand the prognosis of tuberculosis?

Too often do we hear nurses express themselves as very doubtful of any prognosis being correct which speaks of arrest or cure. "Are you sure it was tuberculosis?" is asked when cure after cure is cited and even when told that tubercle bacilli are abundant they still present doubtful faces, though they may become silent. This is not to be wondered at, seeing that Hippocrates said that all consumptives die. The world has kept on saying the same ever since and our nurses simply follow. If the frequency of tuberculosis is once grasped the more hopeful prognosis is bound to follow. It is quite certain that no correct prognosis can be made from physical appearance alone, for how often have we seen the weak, emaciated one improve by leaps and bounds under the new régime of living, while many, apparently healthy, will succumb to the disease rapidly.

Dr. Lawrence F. Flick in his book, written for the general public, entitled "Consumption, a Curable and Preventable Disease," says, "In the incipient stage practically all cases can be cured, the majority even without leaving home or giving up employment. Relatively few, however, are discovered early enough for this. In more advanced stages, the majority may be cured if proper conditions for treatment can be established and be maintained for a long enough period of time. How far the disease must be advanced before it becomes hopeless cannot be definitely determined at the present time. In a general way, loss of body-weight gives a fair guide by which to gauge the chances of recovery. Loss of one-third of the body-weight is very near the point where all chances of recovery end."

Now, what about the question of most importance to each Superintendent of nurses, do we understand tuberculosis sufficiently to teach our pupils correctly?

If we do, well and good, but, if not, our first duty is to inform ourselves at once regarding these things. Until very recently tuberculosis has been regarded as hereditary, incurable and a plague. How differently must we regard it now and how much greater our responsibilities concerning it! When

fully alive to the prevalence of tuberculosis, its possibility of prevention, its probability of cure or arrest, our duty becomes quite clearly that of imparting this knowledge to our pupils. When we, as teachers of nurses, have done our part in this matter, what an army of trained anti-tuberculosis workers we will send into the country.

Summing up, the incipient cases are not sick enough to consult a doctor or, if they do, the doctor does not give the thorough examination necessary to discover the slight infection. A tonic is given and several weeks or even months are lost waiting for improvement. Finally, after repeated visits to the doctor, the case is advised to see a specialist, or the doctor himself makes a thorough examination and finds what was before overlooked. Of course, seeing that it has just been detected, it must be an incipient case and the patient is hurried off to some health resort, but when the patient reports at the sanatorium the doctor there finds that it is too late to even arrest the trouble, to say nothing of curing it.

Now if we do our part in giving instruction to our pupil nurses, they will go into the homes where the early cases are, and certain symptoms will be readily noticed by them and here comes their opportunity, as nowhere else, to prevent and cure tuberculosis. The patient will listen very kindly to a nurse's suggestion that such and such things should not be let go untreated. In this way the case is much more likely to be under treatment early and the other members of the household and their associates be protected.

Our nurses have nothing to lose and the patient has much to gain if tuberculosis is discovered as a result of her advice to the ailing one to consult a doctor. A nurse has such splendid opportunities for sowing good seed, but of course she must first be supplied with the seed, and this she must get while in our training schools. Many things can be taken up later in post-graduate courses, but tuberculosis should be a part of each pupil's training, if statistics are correct, and here I quote from Kleb's *Tuberculosis*, facts obtained from autopsies made by various noted doctors, place the very lowest estimate of tuberculosis findings at 66 per cent. and the highest at 92 per cent. Kleb sums up with these words, "Translated into plain language, this would denote that all adults harbor in their bodies evidences of tuberculosis infection." Nagel and Burkhardt believe that only 50 per cent. of all persons become infected, although they say 92 per cent. have the germs present at autopsies.

If this means anything at all to us it must impress us with the fact that all nurses are constantly in contact with tubercular patients, hence the great need for knowledge on their part. Ignorance will not protect them nor help their patients, while intelligent work may fortify them and cure the ailing one.

Inasmuch as we diminish tuberculosis among the masses, we will diminish suffering, misery and social discontent; and when the problem of tuberculosis will have been solved, this disease, so graphically described as "The Great White Plague" forever eradicated, then will we be nearer the millenium than we have ever been before, and peace, health and happiness will be our lot on earth.

Submitted this 24th day of May, 1911.

(Mrs.) E. G. FOURNIER, R.N.,

Gravenhurst.

THE CHILD IN THE HOSPITAL.

Throughout the world to-day a new, fresh interest is being taken in the child. He is being studied from all sides of his nature, and in the study we are convinced that one particular side of his nature cannot be affected without a corresponding effect to all other sides.

Men and women are realizing that the child has a right to a place of his own in the world; to surroundings that have some relation to his size, his desires and his capabilities. Assuredly this is the children's age, the pendulum of the world's thought has swung far in their direction.

Love and science are co-operating to study them wisely, to bring about a better understanding of their true nature, to show their real value in the world and to remedy many evils from which the child has unjustly suffered, aiming to give him a fair chance to make the best of all sides of his nature. In fact a new science has been created, that of Paidology or child study, to which men and women of thought are giving much attention. Once a child is born, one of his inalienable rights, we say, is the right to his childhood, but we know too well how often this has been denied him.

The hope of the nation is in the child, and if we are to have a healthy manhood and womanhood, physically, morally, mentally, we must needs begin with the betterment of the little child. Witness the labor bestowed upon and the interest taken in the Child Welfare Exhibit held in New York the early part of this year. So varied were the topics discussed that the people's attention was held for four weeks, and all in the interest of the child. It was evidence of years of painstaking research by hundreds of the best thinkers, investigators and social workers into the conditions that affect the child for good or evil, and its aim to devise means to overcome wrong methods that have been used and bring about better conditions for their training and development. Among other topics discussed, that of the child's health and how to maintain it was of foremost interest. Exhibits were given showing something of the work now being done in institutions whose aim is to help and heal those who have lost this birthright of health. It makes one sad to think that year after year these institutions seem more and more of a necessity, that there are more children needing help than our growing institutions have room for; yet there is the bright side in seeing the friends of these suffering ones giving of their means and thoughts to make the work more nearly perfect in every way. Formerly these little ones were cared for in the wards of the general hospitals to the detriment of the child and the annoyance and discomfort of the adult patient. Those interested saw that children required special treatment, the study of children's diseases a special study, the training of children's nurses a study and training all its own.

The training of those who care for the sick child differs in many respects from that given in adult hospitals. We feel that in the nursing of children we are undertaking one of the most delicate and difficult of tasks and that to do the work successfully we must have special adaptability with the best of equipment.

All nurses are not suited to be nurses of children. Great patience, tact and ingenuity are required, and above all a real love for children. Some have the idea that the nursing of children is but a small part of nursing in general and a light, easy task, but it is a life study in itself, calling for special ability and adaptability, for women of the best type. The work needs the mothering instinct. At the same time it develops and increases this same motherly spirit, a spirit that has been blunted in many ways in this age, and of which we cannot have too much.

The more we know of the child in his many sided nature the more intelligently we will care for him. We should demand more and more in our nurses, a broader intelligence. In our children's hospitals we care for all ages and

sizes from the tiny infant, sometimes but a few days old, to the boy and girl of 14 and 15 years, many of them as keen and bright of mind as the healthy child of the same age. No institution that exists can take the place of the home to a child, but for the time being we are the guardians of these little ones, and one of the problems that confront us is how to make the most of the child while he is under our care, for there is one fact that we must ever remember, we cannot separate the child's physical from his mental nature; they act and react one upon the other, and in all we do for the child we leave an impress that affects him mentally and morally.

Mothers know how great care a baby in health demands, and of necessity the sick baby has need of much more, the danger from his removal from his natural environment increasing that need. The baby must be kept clean, he must be properly fed (which is no easy task), he must have all the fresh air and sunlight that is possible, and he must be kept happy. All babies grow by making good use of their muscles and they can use them as no adult can. It seems to me that one of the needs of the baby is freedom to roll and kick as much as his particular trouble will allow. Kicking cribs are, we might say, a baby's right. We all know that diseases of the gastro-intestinal tract and broncho-pneumonia are seen most frequently in the child before the age of two years. That empyema follows so often as a complication of pneumonia and that the danger from most infectious fevers are in the complications that so often follow.

Here it is that a nurse receives a training in close observation, detecting any slight changes, learning to describe accurately all the various symptoms that may arise, particularly in keeping strict watch on the stools of feeding babies, as any change from the normal in these means so much in his treatment.

Ruskin says that "One hundred can talk where one can think and that one thousand can think where one can see." Surely there is an opportunity to develop this rare quality upon which so much depends in a nurse's work.

Among all the departments of work in a children's hospital few are as trying or as discouraging as the nursing of our medical babies. This is where we see the cases that make the heart ache, at the almost hopeless struggle to maintain life in the tired, listless bodies. At all times of the year, but particularly during the summer months, they tax the skill of the physician and the close watching of the nurse. As their chance of recovery depends so much upon the feeding, and each baby must be fed to suit his own special need, this feature of the work demands accuracy in every detail. The preparation of the different feedings is a study in itself, and there are few places outside a children's hospital where this study can be made to better advantage.

A large number of our children come under the heading of Orthopedic patients, who demand special handling. The care of such requires a training that can be had only where all necessary appliances are at hand. To understand the uses for the different appliances, to see the necessity for the least possible, and gentlest handling, remembering that these patients are very sensitive to touch, needs long and painstaking study. These children form a class by themselves; they remain as a rule a long time in the hospital. This child's deformity hinders him for any great activity; his exercises must of necessity be limited. He has special need of sunlight and fresh air, and yet he is denied this for so long and deprived of so much that most children of his age are enjoying. Is there any way in which we can make up to him a little part of some of the brightness of life he is missing?

As a rule these children are unusually bright mentally and of cheery, happy dispositions. These, with the convalescent surgical patients, require our thought to devise means for giving them light and intelligent amusement to help fill the long hours of the day. It seems to me they need some one to

direct them in their play and make at the same time their play hours educational. The kindergarten has been called the paradise of the children and adapts itself readily to all sizes and conditions. The plays can be of the gentlest and yet of great interest.

Those who have made a study of Froebel's methods tell us that there are few ways of developing a child mentally, morally and spiritually as successful as the kindergarten methods, and all carried out is such gentle, happy ways. The kindergarten plays take the child where he loves to be, into the world of the make-believe. He is given a mental stimulus by the symbolic games and songs, which react in healthful physical effects. The words of their songs and games suggest thought to the child; the thought suggests gesture, and the gestures help in producing happy feelings. The busy child is always the happiest. With a well-trained, large-hearted kindergarten worker to direct these plays with our children I feel that wonderful results would be secured, even in a physical line.

Froebel's playthings are as significant as his games. His gifts and occupations meet a child's material wants. It is said, "that what we make children love and desire is more important than what we make them learn," and that the children who have no toys never form ideals. His desire to touch and handle is gratified. He is given something to do; his curiosity is kept alive; his busy hands develop a busy brain. All this helps to keep him happy, and we know the moral effect of happiness.

Usually a kindergartner is a good story-teller, and as such is a queen among little children, and many an hour can be pleasantly spent and profitably, too, in listening to a well-told story.

Could not the nurses share in this work, in turn making it a part of their study, a training which would be put to good use in the nursing of the little private patient at home later. More nurses fail, it is said, in the effort to amuse and keep the convalescent child happy than in any other way. And all knowledge is valuable.

Much is being done among the convalescent children in free out-of-door life during the summer months. Here great scope could be given in directing their attention to the various forms of life to be seen everywhere. Accurate observation could be developed and nature has many lessons for the child.

I fancy our mischief-loving boy would be harder to find if his brain and hands could be kept busy by some helpful occupation.

Mr. Henry G. Parsons, of New York, has been demonstrating the possibilities for health in making use of children's gardens. It is no longer a theory, it is said, but has been fully proven that great results follow this method of not only giving pleasure to the children but educating them at the same time. Small tiny plots of ground or roof garden are given each child to cultivate and watch. They learn a little of nature's ways and no doubt grow curious to know more. They are taught almost imperceptibly to observe and above all they grow happier and therefore stronger in God's great out-of-doors.

The same principle is at work in all these efforts, to improve the child by giving him something to do and somebody to work with him, for truly there is "magic" in working together with someone.

Sydney Smith says, "If you make a child happy now you make him happy twenty years hence by the memory of it."

All workers with children have this opportunity and children do not easily forget their real friends. So to all who labor to better the child in any way there is a reflex benefit. To the nurse who gives her heart and mind to her special work comes the gain of a larger, more womanly nature, broader character, greater knowledge of the child's nature, and a happiness that comes only of making others happy.

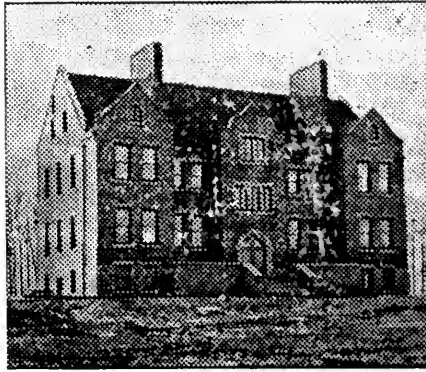
JEAN L. EDGAR, Hospital for Sick Children, Toronto.

The last two papers to be discussed at next meeting, Thursday morning. Meeting adjourned.

8 P.M.

A union meeting of the Canadian Hospital Association, the Canadian Society of Superintendents of Training Schools for Nurses, the Graduate Nurses' Association of Ontario, held in the Carnegie Library, on Wednesday, May 24th.

Mr. A. Monro Grier, K.C., President of Hospital Board, occupied the chair.



THE GENERAL HOSPITAL, NIAGARA FALLS, ONTARIO

ADDRESS OF MAYOR DORIS.

Mr. Chairman, Ladies and Gentlemen:—

It affords me very great pleasure indeed to have the privilege of saying a few words in the way of welcome to the Canadian Society of Superintendents of Training Schools for Nurses, the Graduate Nurses' Association of Ontario, and the "Canadian Hospital Association" on the occasion of their Annual Convention.

I was delighted last year to receive from your secretary the announcement that the Association had been kind enough to accept our invitation to convene in Niagara Falls in 1911.

While other cities may surpass us in extent and population, no city can surpass us in scenic beauty and grandeur. "There is only one Niagara." Our mighty cataract and river, our magnificent parks and boulevard, our wonderful power houses and historic battle grounds thrill one with awe, admiration, wonder and patriotism, and it is with great pleasure I welcome you on behalf of the good citizens of Niagara Falls.

Of conventions we have many, yet I believe this is the first time our city has been honored with a gathering of this kind, and for this reason and for the high esteem in which the members of your Profession are held by the public in our city and vicinity, and for the noble work in which you are engaged, we give you more than hearty greeting.

Some five years ago when a number of public-minded and philanthropic citizens suggested the erection of a hospital, they were met with the usual objections incident to an undertaking of this kind, but with the scheme fairly launched all seemed to vie with one another in their efforts to further the good work, and to-day we have one of the most complete, up-to-date little hospitals in the Province. It has proved to be such a source of benefit and blessing that we often wonder how we did so long without it.

While all join in saying nice things about the hospital, words seem to fail when attempting to express the regard and esteem in which we hold our nurses.

And what we say of our nurses, we say of all members of the profession, and just here wish to pay a tribute to the self-sacrificing, self-denying and noble work of alleviating human suffering.

It is not my purpose, Mr. Chairman, to speak at any length to-night, but will close with the wish that this convention may be eminently successful and pleasant, a source of inspiration and help to the visiting delegates, and a pleasant social gathering, and that you leave us carrying with you pleasant recollections of our fair city.

Address by Mr. Evans Fraser, M.P.

"Mr. Chairman, Nurses and Gentlemen,—I have been asked to say a few words of welcome to the nurses assembled here to-night. Now, if I do not equip myself properly, some of the listeners of Niagara Falls will find some fault with me, because the citizens of Niagara Falls are supposed to welcome every convention that comes here.

"We like to see conventions, and more especially nurses' conventions, in this city. I am going to say a few words of my own experience with hospitals. As a boy, any man who sent his wife, or his child, or a wife who sent her husband to a hospital, was looked upon as a child who sent his mother or father to the poorhouse. Hospitals were looked upon with a great deal of suspicion, and for fear that you may think that was a great number of years ago. I say I was a boy of nine or ten years of age, and that was not more than thirty years ago at that. (Do not laugh at my gray hairs). At the present time, we find that no matter who it is, the richer the man, the more anxious he is that his family should be sent to the hospital in times of illness, because they get better treatment at the hospital than it is possible to give them in the house.

"The only difficulty we find in the hospital to-day is that it is so hard to take care of the number of people who want to go to the hospital. The first hospital in this section of the country was at St. Catharines, the Marine Hospital. I think it was endowed by men who did not know what to do with their sailors going through the canal. I honestly think the nurses have made more improvement in their profession than any other profession. Nurses have become so important in this country that I do not know what we should do without them.

"I am pleased to see you here, and I am sorry to see that we have these flying machines, because I know it is adding greatly to your labour.

"I think, in a few more years, that the nurses will have a place away far ahead of the doctors. I think the nurses will send for the doctor, instead of the doctors sending for the nurses. Mr. Chairman, ladies and gentlemen, I know that every one of the nurses present has had patients more eloquent than I am, but I hope that when these automobiles come to-morrow that you will enjoy yourselves, as I know those who drive the machines want you to."

SOCIAL SERVICE.

Prof. S. J. Chapman explains the topic of this paper as "all kinds of work done by people with the specific intention of making the world better and happier." In this present day, there are many social problems that are occupying the minds of thinking people. Many of these we, as nurses, can only touch upon, yet in our own profession we have opening before us the splendid opportunities of hospital social work, visiting nurses, juvenile protective work, and the work of the nurse in the social settlement. Until recently, the goal of the undergraduate nurse has been hospital or private work. However, with the general awakening of the social conscience, there has come to the nursing profession a greater desire of service amid the less fortunate of our cities' people, and where formerly the path of philanthropy

was blazed by a few self-sacrificing women, spending their talents in district nursing, there are to-day many who are using their abilities in scientific and organized effort to ameliorate conditions and effect a higher social life. The nurse in social work is finding it necessary, first of all, to become the student of social conditions. With this increase in scientific knowledge and her additional social training, many of the apparently insurmountable difficulties in the social problem have been overcome, complexities simplified, and her feeling of helplessness and sense of failure has given place to a consciousness of power.

Referring to Mr. Chapman's statement, we realize that the field of social work is wide. It includes every form of energy, whether spiritual, moral, intellectual or physical, expended for the uplift of humanity. It must be the aim of every social worker to secure such conditions that every man, woman and child shall have the possibility of leading a truly human life. By this we mean the life that God intended for him, who is created in His own image and sanctified by His Holy Spirit. In his book on "Jesus Christ and the Social Question," Mr. Peabody writes, "Never before has the world seen the mechanism of the social order adapted as it is now for the conveyance of social energy. The ample channel thus provided waits for the power of the life of the Christian social worker, and as the sufficient stream leaps forth into the various activities of the world, it sings as it flows, 'I came that they may have life and have it more abundantly.'"

It may now be well to enumerate certain branches of social service thereby suggesting to our minds the broad field of this humanitarian movement. These group themselves under the following heads:—The Conservation of Child Life, the Protection of the Factory Worker, the Protection of the Family, the Elimination of the Social Evil, Social, Educational and Religious Centres.

To conserve the life of the child, we find the following activities employed:—The Study of Infant Mortality, the Pure Milk League, the Education of Backward, Truant and Delinquent Children, the Committee on the Prevention of Tuberculosis, Open Air Schools, the Nurse in the School, the Education of Feeble-minded Children, Play and Recreation Centres, the Juvenile Court, the Juvenile Aid Association, the Child Labor Commission, Societies for the Prevention of Cruelty. To better the factory and business conditions of the youth of our city, we have the sanitary inspection of the factory and all places where labor is employed, the work of the factory nurse, the laws regulating the conditions and hours of work. As we grow more scientific we realize that much of the evil originates in the home conditions, and so, to strengthen the life of the family we employ such agencies as the Charity Organization Society, the Care of the Immigrant, the Committee on City Planning and Housing Reform, the Protection of Friendless and Weak-minded Women, the Inebriate Association, Prison Reform. The Social Evil is, perhaps, the most complex of our many problems, as well as the most heart-breaking. It is also the most recent in point of attack. Boston, New York and Chicago, on this side of the Atlantic, are pioneers of the movement, and possibly the work of the Crime Commission of Chicago, during the months just past, by its masterly investigation, as well as by its series of recommendations, has done more than all else to arouse, educate and direct the mind of society toward the remedy of this hidden blight upon the life of our cities.

The foregoing classification contains overlapping, but our aim is suggestion rather than completion. Amid the number of institutions established to accomplish the work of reconstructive philanthropy, and to do preventive work by providing Social, Educational and Religious centres, we find the Social Settlement well to the front, and in the army of workers we find that the trained nurse occupies a high place. We are glad to know that in Canada we are following the steps taken by the larger hospitals of the continent and

the United States. Until comparatively recently, on the discharge sheet of the hospital, one might read, cured, unimproved or died. Our interest centres around the unimproved, and this was the extent of the hospital's social conscience toward that particular patient until, perhaps in a few weeks, he was readmitted, in a worse condition due to the lack of proper care after first being in the hospital. As an example we take a quotation from Miss Pelton's paper on social work, published in the *Survey* of May, 1910, "A child was brought to the dispensary, the doctor's expert examination could locate no definite cause for his anaemic condition, every organ seemed sound. Proper food, fresh air were prescribed and he was daily taken to a park to play but he grew worse, and why? In a home of ignorance and poverty, he was spending the long nights in the same bed with his father, who was dying with tuberculosis. The doctor had not included the home in his examination, therefore could not take into account all the causes contributing to the child's condition. The foregoing is an illustration of the wasting of hospital resources, the wasting of life itself which results from snapping the connection between hospital and patient at a critical point. Not only tuberculosis and the illnesses of children, but a multitude of other diseases seen in the dispensary have their roots in social maladjustment. Patients pass rapidly through the hospital, pressed on by those waiting to enter. Doctors have their specific training and duties, and they are not trained to investigate social conditions and are too busy for such work. In order to meet the doctor's need of knowing the home conditions of any patient, that he may make a more thorough diagnosis, or that the treatment physical or social needed to cure the patient may be carried on, the hospital has added to its staff this somewhat new type of expert, the Social Welfare Nurse. Five years and a half ago, Dr. Richard Cabot, who had long felt the inadequacy of his outpatient department, employed a nurse who had some experience in social work, not to nurse his patients, as some other dispensary doctors had done, but with a wider purpose; she was to be their friend, to discover their home and personal difficulties, to teach them wholesome living, to report wrong social conditions to the doctor, to see that the prescribed treatment was carried out, in the home, and to connect the patient with whatever agency fitted his special need. The work of this nurse was not confined to Dr. Cabot's patients. Her services were offered to the whole out-patient department, the phenomenal response to this quickly resulted in a well-organized Social Service Department. Certain marked groups of patients such as those with tuberculosis, those with nervous disorders and unmarried mothers are now separated under specially trained workers. Like experiment varying somewhat in form and method quickly sprang up in other cities. In 1901, Dr. Charles Emerson, at that time on the staff of the Johns Hopkins Hospital, and a director of the Charity Organization of Baltimore, organized a group of medical students to do friendly visiting in poor families. This grew to over sixty members. At present there are in the United States thirty examples of organized hospital social service. The Social Service Bureau of Bellevue Hospital, New York, handles the largest and probably the most intense problem. In preparation for the session to be given on the subject at the National Conference of Charities and Correction last May, the Committee on Health and Sanitation sent six hundred letters to the Superintendents of the largest hospitals and dispensaries in the country, asking the extent of their interest in hospital social service. In almost every case they expressed themselves in sympathy with the movement. In the words of Miss Pelton, "they feel that the hospitals with their present incomplete method do not do thoroughly the work they undertake." It has been estimated that during the past few years seventeen hundred nurses, not including school nurses, have turned aside from the more lucrative private cases to take up visiting nursing among the

poor. Similarly, the work of the visiting nurse has been a development of recent years. In almost all the large cities of the United States, the Visiting Nurses' Association, while initiated by private philanthropy, has become attached to the municipal organization. She is employed especially in the children's clinics of the free dispensaries, in the special tuberculosis clinics, and in visiting nursing in the homes of the poor. In the fight against tuberculosis, it has been found necessary to concentrate on an effort outside of the hospital, while using hospital agencies. To that end we find in the United States the establishment of the Tuberculosis Institute, originally, as in the case of the visiting nurse, a private enterprise, but becoming in many cities a municipal responsibility. Here the nurse finds full scope for her sympathy, skill and energy. She must know her district, find her cases, induce them to come for examination and treatment to that department in the dispensary, co-operate with the Charity Organization Society in the matter of temporary relief, help institute the day and night camp and the open air school for tubercular children, as well as provide the way for the hospital equipment of the third-stage patient, and the convalescent home for the incipient case.

The study of delinquent children has brought about in the United States, and notably in Chicago, the establishment of the Juvenile Court, the House of Detention, and the Juvenile Protective Association. In the house of detention there is a resident trained nurse in charge, while the visiting nurses' association are frequently employed as probation officers. The work of the nurse in connection with the Juvenile Court may be one of extreme importance, in that it involves investigation of the home and family and of the physical condition of the delinquent, thereby tending to the eradication of crime.

We now come to the last topic under our consideration, namely, that of the Nurse in the Settlement. A number of years before hospital social service began, Miss Lilian Wald, a trained nurse, founded the Nurses' Settlement, in Henry Street, New York. She had come in contact with settlement work, had recognized its value along social and educational lines, as a means of developing a sense of civic responsibility in the immigrant and the native-born American, and she realized that it might easily and effectively become the centre from which to combat successfully disease and ignorance. In course of time, she established a milk depot and dispensary and made provision for fresh air work during the summer. The social clubs she used as a medium by which to convey a knowledge of the laws of health and sanitation. She had gathered about her a staff of sixty nurses, upwards of thirty of whom live in the settlement, devoting their time to sick and social welfare visiting, dispensary work, and, in general, the strengthening of the club organism of the settlement. The remaining thirty find appointment in some of the many settlements with which New York abounds, continuing their work in the various districts, under Miss Wald's supervision. Thus it will be seen that the settlement is the institution whose organization has initiated and developed the thought of Social Service. This by reason of its sharing the life of the community in which it finds itself and because of the elasticity of its machinery, by which it may adapt itself to the particular needs of a neighborhood, and may house within its walls practically all that makes for social welfare on the purely social, educational and religious sides. To quote from the charter of Hull House, Chicago, founded twenty years ago by Miss Jane Addams, we learn the general lines of much settlement work. It reads as follows, "to provide a centre for higher civic and social life; to institute and maintain educational and philanthropic enterprises, and to investigate and improve the conditions in the industrial district of Chicago." We would add perhaps one more clause to this charter, and in doing so we feel that twenty years' experience of social service has proved that nothing will permanently

change society save the life changed by the dynamic force of Christ. Therefore we would make it the expressed intention of the settlement, to found such activities as shall open the way for a tactful and yet aggressive Christian work.

The membership of Evangelia Settlement, Toronto, is made up for the most part of Canadian boys and girls, young men and women, together with a number of English families just beginning life in this country, some French-Canadians, a few Germans, some Russian Jews and Bulgarians. Among these one finds almost all forms of religion. To become a member, a child pays a fee of ten cents to join and one cent a week dues, while an evening member pays fifty cents to join and class fees twenty-five and fifty cents, according to the classes taken. Each club member pays also one cent a week, so meeting the club's social expenses. The day department is divided into a series of self-governing clubs, each with its own platform of work, its club song and its weekly business meeting. Club life begins at the age of four, with boys and girls, the members progressing through a series of clubs, until, at the age of fourteen, they graduate into the business world, and are thereby entitled to rank as evening members. A Mother's Club, a Cradle Club, and Public School Kindergarten are also found in the day department. Supervised play hours, with folk song and games in the winter and in the summer a playground lighted with electricity and equipped with apparatus, happily fill a portion of the time allotted to each day and evening club, while the fashion of keeping all the festive seasons at the settlement is to young and old of perennial interest. A reading room, a games' room, and a lending library offer diversion to all members. In addition to the weekly social club meeting, an educational department, equipped largely by college men and women, offers opportunities of study to those employed during the day. The industrial arts and domestic science find a place in the weekly schedule as well as physical instruction, art classes, a preparatory business course, St. John's ambulance lectures, university extension lectures, Bible classes and Sunday services. A branch of the Penny Bank helps in the practice of economy. In the efforts for pure milk, the settlement has co-operated with the Hospital for Sick Children, and has for two years maintained a daily milk depot where whole or modified milk may be obtained. Since 1908 the settlement has a summer home for its members on Lake Simcoe; here one finds, from time to time during the season, numbers of working mothers with their babies, little children or business young women. The boys and men are provided for by a camp near Bala, Muskoka.

Two years ago the nursing department was added to the list of the settlement's activities. The work consisted of a study of the neighborhood conditions, nursing, principally obstetrics, in the homes of the Mothers' Club, endeavoring to teach by practical demonstration in their homes the principals of cleanliness, order, proper ventilation, sanitation, the preparation of infant's and invalid's food, as well as arranging, where necessary, for hospital treatment. This involves frequently the readjustment of the home during the absence of the father or mother. Within the settlement, contact with the young business women has opened opportunities of extending medical aid, frequently, to cases of anaemia, nervous disorders and incipient tuberculosis, resulting usually from their work environment. The number of cases treated last year was two hundred and seventy; there were one hundred and sixty-six office dressings, and one thousand eight hundred and eighty nursing, friendly and advisory visits made. As a result of the medical inspection in schools, there being three schools in our neighborhood, and a knowledge of neighborhood conditions, we established a month ago a regular afternoon and evening dispensary. Knowing that many of the mothers go out to work during the day, we considered the advantage to them of an afternoon and evening clinic.

The distance is so great to the Hospital for Sick Children, and the number of patients so many, both there and in the other hospital clinics, that it practically meant a day for a mother in this neighborhood to obtain treatment. We hope by our dispensary to act as a go-between where hospital treatment is necessary and to relieve the congestion in some measure in other places.

I have endeavored to review for you somewhat of the history of Social Service, particularly as it affects the trained nurse. The story of this vast movement cannot fail to be interesting. Whether that interest shall crystallize into individual action must be the test of each of us. In Canada we are just awakening to the possibilities of social service. The splendid work of the Heather Club, in Toronto, is well known to all the nursing profession, as well as that of the district nurse in our cities. In conclusion, let me ask you, have you a vision of the city's need, and having a vision, will you, who can turn aside from the more lucrative channel of our calling and devote yourselves to building up in our country the vast agencies for good which we have been considering.

WINIFRED M. FORSYTH.

Evangelia Settlement, Toronto.

DISCUSSION.

Mr. Grier—I am sure we are all intensely interested in hearing this very admirable paper from Miss Forsyth.

Miss Goodrich told about the settlement work in New York. She spoke of the remarkable work done by Miss Wald. "Many of our leading philanthropists have given their time to prepare the nurses for this wider work. There is also a society in that work. I speak of this because we are always longing to hear that every university in the United States and Canada has such a department." Mr. Grier spoke of the importance in a country which proposes to do good work, that people see to it that they properly appreciate such work as is done by such a benefactor as Mr. J. Ross Robertson. "I should like to pay, if I may do so, my tribute to one who has shown attention to those who are sick and crippled, and more particularly for those who are young, the sick children."

THE TRAINING SCHOOL CURRICULUM.

Educational Aim.

The aim of education being to adjust a person "to those elements of his environment that are of concern," "and to develop, organize and train his powers," it follows that in considering any curriculum the first question is what lies behind? And the second, what is before? That is to say, how have your pupils' powers been already "developed, organized and trained" in the school-room and in the class-room of life; and what are the special features of the environment for which the pupil is to be prepared? Now the pupils entering our training schools to-day differ somewhat from those of ten or fifteen years ago—they are generally somewhat younger, have had less "home-training" (alas! that this should be the case), therefore require much guidance and supervision, but they are adaptable and learn easily. But we find a much greater difference when we consider the second question, that of the nurse's future environment.

Future Field of Work.

Formerly there were three fields of activity open to the nursing profession, hospital work, whether in the wards or on the training school staff; private nursing and district work, this term being much narrower in its significance than it is to-day. Now we find added to these, school nursing, office

work, "welfare nursing" in factory or settlement, social work in our hospitals, the work of inspecting, reporting and instructing under the direction of boards of health or charity organization societies, dietitian's work in hospitals, sanatoria and food dispensaries, and teaching in schools of nursing. Now this steadily widening field of work surely demands a widening preparation. Let us keep this point steadily in view while considering the various subjects forming the training school curriculum. It is impossible in a limited time to discuss fully the intrinsic value of each subject; some detailed consideration, however, seems necessary.

Physiology and Anatomy.

It may be questioned whether Herbert Spencer is right in saying that all education should begin with physiology—begin, that is to say, with the study of the human body—but surely there can be no doubt that this must be the foundation on which to build up the special education of a nurse. And, for my own part, I think that upon the thoroughness and completeness with which this foundation is laid depends to a very large extent the durability and scope of the fabric raised upon it.

Of course the study of physiology necessitates some study of anatomy either previous to it or concurrently. This course in anatomy should be made as practical as possible by demonstrations with charts, bones, organs, the skeleton, etc. The aim of comprehension, not lip-knowledge, steadily kept in view. Some memory work will be necessary, but much, very much, given in textbooks is well left there—only the student must know where to find it and what it means when found. I do not think that much time should be given to anatomy in a school of nursing—the study of the structure so that the function may be fully understood, that is all.

But to physiology let us give all the time and care possible that the nurse knowing what complete health of body should mean may be fitted intelligently to assist in hospital ward and sick room in the great work of restoring health and in the wider field outside these to take her part in the still greater work of preventing disease.

Psychology.

For various reasons instruction in psychology seems at present to be rarely attainable for our nurses, but this does not mean that it is not needed. Surely a nurse requires to study human nature; in other words, psychology. Every successful nurse has studied it, albeit for the most part unconsciously, and uses the knowledge she has acquired. Mind and body cannot be separated in sickness or in health and some knowledge of their interaction and of the nature and functions of the mind is invaluable for a nurse, saving often friction or failure.

Bacteriology.

As a foundation for consistent surgical cleanliness, trustworthy prevention of infection and adequate care of food, some knowledge of bacteriology is required. Let the aim in such instruction be thoroughness. Elementary work is all that is necessary but it must be given simply and made clear with good microscopic demonstrations if experimentation be impossible. I know of nothing so convincing as to the nature of dust as the result of exposure of a sterile gelatine plate; or that shows the difference between ordinary and surgical cleanliness like an experiment with a culture showing growth from contact with an ordinarily "clean" object.

Hygiene.

In these days of "pure milk" lectures, improved building laws, fresh air propaganda and government bulletins on the evils of flies, etc., surely a course in hygiene must find a place in any "self-respecting curriculum."

Massage.

A fair knowledge of the more ordinary movements and of the principles underlying them should be given in every school of nursing, but not an extensive training fitting for the professional giving of massage.

Dietetics, Materia Medica. Nursing Theory and Practice.

These subjects in some form or other are taught in all schools of nursing, and have always been taught even when "Dietetics" was given in the form of a single chapter on foods in a textbook of nursing and materia medica (therapeutics, solutions, etc.) in another chapter. The demand that nurses should have thorough instruction and practice in the preparation and serving of foods is to-day very general, but along with such practical work must go careful teaching as to the nature and function of foods, special diets in disease, etc., if patients are really to be properly fed.

With regard to teaching the theory and practice of nursing, let me only urge the constant use of practice lessons and demonstrations. As to materia medica, that bugbear to many a nurse, every effort should be made to alleviate the "dryness" of the subject by using illustrative material and by correlation with ward work.

Chemistry.

I sincerely hope that a day may come when, either at school or as special preparation for entrance to a training school, our probationers may have learned, at least, the small amount of chemistry that is absolutely necessary for any intelligent study of materia medica, dietetics or physiology. Until then we must find time for a few selected lessons in this subject.

Lectures on Medicine, Surgery, Specialist's Work, etc.

With regard to lectures given by the attending staff—once the chief method of training school instruction—let us, remembering that a lecture is the poorest method of teaching, cut down our list as far as possible, giving in class work, laboratory demonstration and bedside clinic much that was formerly given in lectures, for example, urinalysis, special teaching in obstetrics, gynaecology, symptomatology, etc. Then by a quiz on each lecture and by occasional written tests, let us endeavor to have the information given in the lectures understood and assimilated. Class-work preparation will lead to a keener and more intelligent interest in lectures.

Nursing Ethics, History, etc.

Last on my list but first in importance comes the subject of "nursing ethics"—dealing with instruction in the principles regulating the professional conduct of the nurse in relation to patients, doctors, the school staff, other nurses and the general public; also matters of professional etiquette, hospital usage and tradition are dealt with. Such a course should include a special discussion of the problems to be met with in private nursing and other possible fields of future work, and of a nurse's duties and responsibilities as a citizen. Instruction on morality and public health questions should also be given. It will be remembered that more careful teaching of this kind for "nurses in hospital" was urged in a resolution passed at the last meeting of the International Council of Nurses.

Nursing History.

Some knowledge of the history of nursing and of the development of the modern training school every nurse should have. It may be learned as "required reading" and together with the consideration of what nurses are doing to-day in other countries will be found to lead to a broader vision and a higher ideal of a nurse's work.

A Suggested Curriculum Arranged for a Large and for a Small Training School.

The arrangement as given for a large school has been used, in a slightly modified form, for several years at the Montreal General Hospital.

PRELIMINARY COURSE.

Duration—Two to three months.

Subject.	Lesson period.	Number of lessons.
Physiology and anatomy	$\frac{3}{4}$ to 1 hour	30-60
Hygiene	$\frac{1}{2}$ to $\frac{3}{4}$ "	12-18
Chemistry	$\frac{1}{2}$ to $\frac{3}{4}$ "	12-18
Elementary bacteriology	$\frac{1}{2}$ to $\frac{3}{4}$ "	8-12
Dietetics:—		
Theory	$\frac{3}{4}$ to 1 "	12-18
Demonstration	1 "	6
Practice lessons	2 "	6
Solutions (drugs, etc.)	$\frac{3}{4}$ "	12-18
Nursing:—		
Ethics	$\frac{3}{4}$ "	8-12
Theory	$\frac{1}{2}$ to $\frac{3}{4}$ "	24-36
Demonstrations	1 "	40-60

Study hours— $1\frac{1}{2}$ to 2 hours daily.

Practice time in demonstration room—2 to 3 hours weekly.

Off duty—1 hour each day and $\frac{1}{2}$ or $\frac{3}{4}$ day off and Sunday time as other nurses.

Practical work daily in supply room, diet kitchen, lavatories, nurses' home.

JUNIOR YEAR.

Materia medica, 24 lessons ($\frac{3}{4}$ hour each), 6 lessons in pharmacy.

Nursing—Demonstrations, 6-12 lessons; theory, 6-12 lessons; according to length of preliminary course.

INTERMEDIATE YEAR.

Bacteriology—Lectures, quizzes, demonstrations, 12.

Urinalysis—Class and demonstration, 4-6.

Nursing—Ethics, classes, 6; demonstrations, 6.

Surgical lectures and lecture quiz, 4 and 4.

Obstetrical gynaecology—Classes or lectures, 6-8.

SENIOR (FINAL) YEAR.

Nursing ethics, etc., classes, talks and discussions, 12.

Medical lectures and lecture quiz, 4-4.

Infectious diseases—Lectures, classes and demonstrations, 6.

Special work, eye, ear, etc.—Lectures and quiz, 3-3.

The Small Training School.

PRELIMINARY WORK.

Duration, eight weeks.

Diet kitchen, supply room, linen room, care of lavatories and ward furniture, etc.

Time—Two weeks' service in each of these, in rotation for as much time as the service requires. Service in nurses' home may also be arranged.

Demonstrations in practical nursing—24 lessons of 1 hour each.

Practice time allowed while on duty, 3 hours weekly.

Nursing—Ethics, six $\frac{3}{4}$ -hour lessons; theory, 18 $\frac{3}{4}$ -hour lessons.

Dietetics—Practical, six 2-hour lessons; theory, six $\frac{3}{4}$ -hour lessons.

PROBATION PERIOD AND JUNIOR YEAR.

Physiology and anatomy—24 1-hour lessons.

Bacteriology—Lessons and demonstrations, 8.

Materia medica—Class work, 12-24.

Hygiene—Lectures and classes. 8-16.

Nursing—Theory, $\frac{3}{4}$ hour, 8 lessons; demonstrations. $1\frac{1}{2}$ hours, 8 lessons.

FINAL YEAR OR YEARS.

Nursing ethics—Classes, talks, discussions, 12.

Lectures—Medical, 4; surgical, 4; special (including infectious diseases), 6.
Lecture quiz or written text on each lecture.

Nursing—Theory, 1 hour. 12; demonstrations, $1\frac{1}{2}$ hours, 6.

Aware of the difficulty in arranging for teaching in our smaller schools, I offer the following suggestions:—

1. Teaching of chemistry, hygiene, bacteriology, physiology, by a professional dietitian (ask your ladies' committee to pay her).
2. Assign "required reading" and give written tests on it.
3. Give questions to be answered fully in writing from assigned authorities—pupil to give exact reference used in each answer.

In conclusion I should like to urge upon you the importance of having the nurse's point of view clearly kept in mind in the teaching of such subjects as chemistry, materia medica, anatomy, bacteriology, etc. For this reason, when possible, they should be taught by a nurse. By special selection of the matter to be studied on this basis "over-crowding" may be avoided and much irrelevant matter excluded. Failure to do this has been the cause of some of the "over-trained" criticism of which we are all so tired. In this way the nurse's time and attention can be spent only on what will really be of use to her. When I say really of use I do not mean merely from a utilitarian point of view. Much, very much is required of a nurse—much must be given not only in the way of thorough practical teaching of all that pertains to the "art of nursing" but of all that can develop the character of the woman, that can quicken her interest in her fellow beings and arouse in her a high ideal of service.

F. MADELINE SHAW, R.N.,

Graduate Montreal General Hospital Training School for Nurses,
Teachers' College Diploma.

DISCUSSION.

Miss Goodrich—I should like to speak just a moment on the curriculum in connection with what I said this afternoon about preliminary courses in technical schools or high schools. Every one of these subjects that Miss Shaw spoke of would seem to me necessary. I have struggled for eighteen years trying to give these subjects in an active hospital, and I know what that means, and I know just as necessary as it is for the nurses to take it, just as possible is it to provide it. Now, it seems to me, and I have authority for this suggestion, that these courses, anatomy, psychology, biology, ought to be placed and could be placed in the schools, that there could be nurses who could do some teaching in these courses, and that these courses should be given for every woman, whether she be a nurse or not.

Meeting adjourned.

THURSDAY, MAY 25th. 10 A.M.

Discussion. Miss Edgar's paper.

Miss Brent—Madam President. Ladies.—The paper by Miss Edgar was to me quite a revelation. I was asking her all the time through preparation if she would allow me to see her paper, and she would tell me that it was not completed. I really did not know what lines she was going to take up. Her paper was a delight to me. I consider it a remarkably good one. With regard to the child in the hospital, that is more with what I have to do than the work of child welfare outside of the hospital, although I am intensely interested in that also. Nurses in a children's hospital have almost a greater responsibility, because we have the little ones with us for such a long time that we have a great deal to do with the formation of their character. We try, in our talks to the nurses, to impress that very strongly upon their minds.

The question of whether a nurse can be properly trained in a children's hospital seems to me to be a very old and ridiculous question to ask, because I think that young women who fail as nurses fail because they have not the maternal instinct that they should have. Our patients, young or old, require to be mothered. A while ago I was getting pessimistic. We did not seem to be getting the material that we used to get. I asked a member of the Board what he thought about it. "I think, Miss Brent, it is the lack of the maternal instinct at the present day." We find it not only in the nurses, but abroad. Miss Goodrich spoke of the education of the nurses in the high schools. Nurses fail because they do not get the education in the school. Lack of maternal instinct in the training of the young people at the present day we suffer from, and possibly will continue to suffer from for some time.

Some Superintendents and some nurses maintain that two months is too long to train in the Sick Children's Hospital, and then the rest of their term in a large, general hospital. It is the other way, I think. I believe the term should be spent in the Sick Children's Hospital, and two months be allowed for training in a general hospital.

We do want that great quality of love, first for humanity, and then for our profession, and then in whatever school we train we will be women to maintain the honour and integrity of our country. In regard to the patient, what should be done for the child in the hospital? Certainly too much in the way of help cannot be given, and we can learn many, many lessons from them in the way in which they receive this treatment. I know for myself very often I feel ashamed at being so disheartened, and I just go to my babies, and work with them, and I soon begin to look at things in a different light.

Occupation is one of the principal things to keep the child happy in the hospital. There are teachers and teachers, as well as there are nurses and nurses. Occasionally we have a teacher who develops that side of the child very well. We have a teacher now from the public school who does her work every day in the school room and also in the ward. Certainly that side should be very largely dealt with and be a very complete course.

Discussion on Mrs. Fournier's paper.

Mrs. Bowman—In opening the discussion on Mrs. Fournier's paper I feel there is little I can say in addition to what she has said. We are unreasonably afraid of tuberculosis. I find in my hospital my nurses are unreasonably afraid. Two-thirds of the public are afraid.

Since the year 1882, when the bacillus tuberculosis was discovered, so much light has been thrown upon the subject: thousands of scientists have studied the life and history of the germ, and, as a result, know under what condition it lives and thrives. A few minutes' exposure to direct rays of sunlight will kill the germ; also that dark, damp and poorly ventilated places will hold the germ alive for a long period. Knowing also that it is now an accepted, absolute fact

that the one and only cause of tuberculosis is a germ, that it finds entrance to the body, lives and multiplies, to produce the disease, are we not well armed for the fight against its ravage?

Are we unreasonably afraid of tuberculosis? A recent writer on the subject puts it thus:—Two-thirds of the public are afraid on account of the prevailing ignorance, prejudice and superstition they have concerning it. The remaining one-third are about equally divided as those who know and show an apathetic indifference which is practically criminal.

The few remaining who fight for the recovery of the sufferer and the protection of the public are not unreasonably afraid, for they have almost unlimited power and knowledge, so far as research goes, to combat the disease. What is needed is to educate the public.

We know on the best medical authority what to do when we have the slightest suspicion that the bacillus has gained an entrance into a debilitated body. Give an honest trial to the best curative treatment, such as fresh air, sunshine, a generous diet of nourishing food, rest and moderate exercise.

Briefly summed up: knowing this and having the power to perform, why should we be unreasonably afraid? We believe it to be preventable, as we know it to be transmissible. The treatment is more a social question than a medical one. The doctor can make the early diagnosis and prescribe the treatment, but after that the cure rests with the patient, the nurse, and his friends. Germany, started earlier in the fight, has put more systematic effort, spent more money, than any other country, and recent statistics show that their death rate from consumption has been reduced 62 per cent. during the last few years. Sanitary laws are actively administered. Every case is reported to the M.H.O. One of the greatest aids is the early diagnosis, and every patient is taught to report his own case, as well care for, etc., wherever he is obliged to eat or drink. They say to the waiter at the café, hotel or elsewhere, "I'm a sufferer." That is sufficient. That waiter is compelled by law to sterilize by boiling all dishes used by him. Should he fail to do so a fine is imposed.

In this way the sufferer realizes that he is suffering from a malady the health officials are anxious to cure him of. Therefore there is no concealment of the existing disease, no bitter, agonizing hours, to his physical detriment, thinking himself a social outcast, as is the case here in the province of Ontario.

Yes, we believe it to be curable in its early stages, and recent research shows that even in advanced stages electro-therapy retards the disease, prolonging life for a number of years.

Scientific research has proved conclusively that it is contracted and not inherited. Research has also shown us how closely and carefully we must guard those born with an inherited tendency. Early diagnosis is one of the first essentials and should not be neglected, but here again, ignorance, diffidence and other reasons prevent the sufferer from seeing a doctor. The ignorant and indifferent say, "Oh, it is only a little cold or a cough," losing a little weight, or having a poor appetite, or a few other trifling ailments. Cases of latent onset are not so very rare, and are exceedingly dangerous.

A man may live for twenty years—probably attend the funeral of the physician who first warned him—and it is more than likely he will attend the funeral of members of his own family, little thinking he was directly responsible for their deaths. If we teach our pupils conscientiously all we know regarding the etiology, prophylactic treatment and hygiene, I believe we can do a great deal for them.

I do not think the usual class notes on tuberculosis are sufficient. During the past year I had a special course of lectures given my pupils by the M.H.O. I had also all my nurses attend the lectures given during the Provincial Tuberculosis Exhibit. We had besides this a very profitable address given under the

auspices of the Graduate Nurses' Association and Alumnae Nurses and Under-graduates by a gentleman who spent a number of years studying the conditions at home and abroad.

Summing up in a few words:—When we know that Canada contributes 12,000 lives every year to the death roll from consumption, or one death every hour of the day and one every half hour during the night, can we fold our hands and sit quietly by? No! We must live up to the things we can understand, and if we do we will be kept so busy using the hard earned knowledge of those who have proved conclusively that the disease is preventable and curable, that we will not have time to worry as to whether we are on the right road or not. We should be brimful of the therapeutics of faith.

MRS. H. M. F. BOWMAN.

Berlin, Ontario.

Miss Stanley—In Mrs. Fournier's paper there is an indication that graduate nurses are afraid of tuberculosis, that nurses in general are afraid of tuberculosis, and from her paper and from the paper just read I think the impression would lie with the convention that they are so afraid of it that it interferes with their duty. Now, I want to speak for the graduate nurse, pupil nurse and women. I have never in my experience of seventeen years asked a nurse to perform a duty that she did not gladly perform. Two years ago in London the Association of the city appealed to the Victoria Hospital, asking them if they could do anything to alleviate the suffering then in the city among the poor in reference to tuberculosis. We appointed an outdoor department and the money was given for that department for definite purpose, and we thought we must rise to the occasion. I merely mentioned the fact to the pupil nurses. They were to be sent to the homes of the poor whenever they were called. I had no one who did not gladly go when called.

When the Alexandra at Byron was left in such a sad state, and I called Graduates, no one demurred, although it was very difficult for them. Then they asked me to recommend a Superintendent. They said that they could get no one suitable for the position. I asked them what they would pay a Superintendent. They told me the salary which they offered. I said, "Double your salary and you will get the woman." They doubled their salary at once and they secured Miss Nicholson, who very soon undertook the work. They again appealed to Victoria Hospital and asked if we would volunteer nurses' work, and our pupils have never demurred, with the exception of one nurse, and her father and two brothers died from tuberculosis."

Question raised as to the duties of Victorian Order of Nurses in relation to Tuberculosis.

Miss MacKenzie—The Victorian Order is the National Visiting Nurses' Association of Canada. It undertakes every branch of visiting nursing in the Dominion of Canada. We encourage all our nurses to specialize in every branch, so that they will be authorities on visiting nursing in every phase of the work.

Miss Stanley—Our visiting nurse to the city has been discontinued since we took up the work at Byron. We cannot spare many from the hospital. I have promised a senior nurse to help with the work in that line.

Mrs. Fournier—If we look far enough we can see why Miss Stanley's nurses are not afraid of tuberculosis. It is because they have a teacher. If we all followed Miss Stanley's advice and her example, we would have no trouble either.

Miss Stanley—No, I cannot take the credit of this, much as I should like to. I think perhaps the main thing is implicit obedience. If I tell my nurses to do a thing, they do it because I say so. They have confidence in me because

they know I will not ask them to do a wrong thing. While I am there, there must be that keynote, and no training school is successful without it—implicit obedience.

Mrs. Fournier—Indirectly that would bring about the same result. It all hinges on education.

Mrs. Stanley—A great deal of the credit is due to the doctor at the hospital of the institution at Byron.

Miss Brent—I feel quite proud of the alumnae of our hospital, who were instrumental in starting the Heather Club, and who do volunteer nursing both in the homes and in the hospital in connection with tuberculosis.

Miss Trench—In the case of the child of a tubercular mother, would you bottle that baby or put her to the breast?

Mrs. Fournier—I think we have the strong instructions along that line. Milk does transmit bacilli. Such close relations between the mother and child are distinctly recognized as difficult. Children are bottle fed invariably, if the doctor is very particular along these lines.

Miss Trench—The doctor said that it would not harm the child, but it would pull the mother down.

Report of the Nominating Committee.

President—Miss Wilson.

First Vice-President—Miss MacKenzie.

Second Vice-President—Miss Stewart.

Secretary—Miss Scott.

Treasurer—Miss Brent.

Councillors—Miss Snively, Miss Hersey.

Auditor—Miss Rodgers.

Miss Stewart felt that under no circumstances could she act as Second Vice-President.

Moved by Miss Brent, that Miss Craig be appointed as Second Vice-President, instead of Miss Stewart. Seconded by Miss Phillips. Carried.

Moved by Miss Matheson, seconded by Miss Trench, that the Nominating Committee's report be accepted as read, with the change of Miss Craig's name being substituted for Miss Stewart's. Carried.

Unfinished Business.

Letters read from Dr. Robb and Miss Snively.

Toronto, June 9th, 1910.

Miss Alice J. Scott, Secretary Canadian Society Superintendents of Training Schools for Nurses, Grace Hospital, Toronto:

My Dear Miss Scott,—I am in receipt of your very kind letter, notifying me that our Society at its Annual Convention in Toronto had been kind enough to place on record a word of appreciation regarding my work for the profession of nursing, and had also seen fit to express pleasure that our efforts of a few years ago had resulted in the organization of the Society of which we are all now proud to be members. I need hardly tell you how glad I am to know from the Society as a whole that they have found it profitable, and I rejoice that in giving up my present position as Superintendent of the Toronto General Hospital Training School for Nurses, I shall be left with more time at my disposal in which to serve the Canadian Society of Superintendents of Training Schools for Nurses, and other kindred organizations.

Yours sincerely,

MARY A. SNIVELY.

No. 102 Rose Building, Cleveland, O., June 22, 1910.

My Dear Miss Scott:

Will you please convey my thanks to the members of your Association for the kind words of sympathy expressed in the resolutions passed at your meeting held recently. It has been a dreadful shock to all of us, and this, added to the grief, is almost overwhelming at times. She was so much to me and my boys, and you can imagine how thoroughly we depended upon her in every way. At present my feeling is one of utter hopelessness, but I must hold myself together for the love that she bore her two boys. I cannot realize that she is no longer here, and it seems that she is away and is coming back to us again. Then the horror of it comes to me. Please forgive my writing like this, but it is a relief to me. Thanking you again, I am,

Very sincerely yours,

HUNTER ROBB.

Miss Crosby—The Editorial Board of the "Canadian Nurse" will be very glad to have a representative from your Association on that Board. It is our object with the work for the Journal to have one representative from each Association of Nurses in the Dominion of Canada, and that representative will be responsible for supplying the journal with the news of that Association or with anything they may wish to publish in the journal. We have not had a representative from your Association, and would be very glad if you would appoint one to-day. I suggest that your Secretary be that member.

Miss MacKenzie—The Superintendents' Society should be a strong factor in the journal "Canadian Nurse" for Canada. We should do our part in making it a success. We should have a living pride in that magazine. Shall we leave the matter until to-night, when I understand the matter comes before us again, or not?

Miss Brent—Don't you think the President of the Society should be a member of that Board as well as the Secretary?

Mrs. Fournier—Might we have something definite from the Journal Board themselves as to the formation of the Board, and really what that Board consists in?

Miss Maxwell—Almost as well to know what you are doing before you decide anything. I know nothing about it. Consider it well and hear what is to be said to-night before coming to any conclusion. I make a motion that it be postponed until to-night. Seconded by Miss Green. Carried.

Miss MacKenzie—In regard to the printing of the Annual Report. We are having the Annual Report, discussions, etc., printed in the "Canadian Nurse." Will it be well to have a separate report printed, so that we can keep it on file? Of course the question of expense arises. The cost would be about \$100 in having that report printed. It has been suggested that we might in some way get the Government, as our Society is a national society and our literature is very valuable to the Dominion, that we might get them to print our report as they do valuable papers, and we would not have practically any charge at all for it. What we want to know is, shall we do what we can in connection with the Government in getting it free of cost, or stand the expense ourselves after we have tried every other means?

Miss Phillips—How would the expense be met if the Government would not print it? Could the reports be sold to the different societies to meet expenses?

Miss MacKenzie—That has never been done. We will have about \$50. We have never had a balance of \$100.

Cost of previous reports read by Miss Brent.

Miss Maxwell—I move that it be left to the Executive, recommending that the printing be done by the Government if possible. Seconded by Miss Phillips. Carried.

RECOMMENDATIONS FROM THE EXECUTIVE.

That a committee be appointed to deal with the registration of nurses.

Miss Brent—It seems to me that Superintendents of the training schools of Canada should have a good deal to say in the question of registration. Is it for the graduate nurses to legislate for us what to do, or what stand should we take in connection with that?

Mrs. Fournier—I feel that the Superintendents of Nurses are the ones who wield the power and have a great deal of influence, but I feel that they could perhaps hold a greater influence over all if they took into their midst their graduates, and possibly this committee might be more effective if it began in the Superintendents' Association asking the Graduates' Association to supply so many members to act with that committee. In this way we would get a united effort, from which we will get better results. Ask the National Association also to supply this Association with a committee to draft this bill that has been mentioned. I will make a motion that we do form the nucleus of a committee for this work, and that we ask the Graduate Nurses to supply members also.

Motion—That a small committee be formed from this Association, to be the nucleus of a larger committee filled in with members of the National Association, and that a request to that effect be sent to the Executive of the National Association. Seconded by Miss Brent. Carried.

The President to make the appointment herself, or have the Executive make it.

Moved by Miss Brent, that the representative from this Association confer with the members of the National Council and arrange for a definite nursing department. Carried.

Miss Mackenzie—We regret that ill-health prevents Miss H. J. Melville from being here to-day to tell us of nursing work and conditions in West Central Africa. Her sister, Miss Margaret Melville, who is a teacher at the same station, has kindly come in her place.

Address by Miss Melville on "West Central Africa."

After taking her audience to the coast and from the steamer a long way south of the Equator, until they came to a place away out of civilization, into the interior, after a trying journey, Miss Melville described the dispensary, or hospital, as it is called, in the centre of about eight cottages or more. "It is the dispensary proper. On the other side is the operating room. The form of building isn't very satisfactory. The floor is of mud, and the walls are of mud, white-washed. Last year we were there, a doctor who graduated in Ireland had a cement floor put in, which is an aid to cleanliness. Just to give you a little idea of the need of that medical work, I shall give you an outline of some of the cases that come to our notice. There are many, many superstitions that people have. No sickness at all ever comes, excepting by witchcraft. They are very superstitious about sickness. I recall a child not a year old that was brought to the dispensary school, and of course the evil spirit causing the sickness was inside the little one. They had taken a common knife and cut its little body in gashes. Its stomach was just one mass of cuts. They treated the child in that way in order that the evil spirit could be let out.

"The hospital is not as a hospital in this country. There are no resident nurses. The people have to be taken as they are. You can fancy one room in which the patient is lying ill, and crowded into it are the relatives. A patient will not stay if the relatives are not allowed to be there. In order to have power to treat patients we have to allow the relatives to be there and occupy the room with the patient. There was one man, who is now one of the evangelists, brought to the station. He had been sick with pneumonia. In his sickness he was a heathen. He had been treated by the fetich doctor, but had received no help.

He heard of the missionary hospital. He came, and was treated, recovered, and has since been one of the evangelists. He has been the means of bringing the gospel to many of those in the villages.

"The natives wear charms in order to prevent sickness. They tie them around their necks, some looking like chains of little sticks. They also tie a string around the ankle, which they think helps in the cure.

"Another young man had a goitre. They believed it was caused by anger. They would not believe that it was water. He came to us quite a little boy and he had a very large goitre. He was brought to the station by his father and lived there. He has been cured long ago, but remained at school. He is now a young teacher and has formed another station himself and teaches others. He was brought to us by illness.

"A chief, who is a wonderful man, and has a great deal of power in his own country, came to us with pneumonia. He had been treated by the natives. He came and was treated in our station and has since built a station schoolhouse with six hundred people under his charge. He has been the means of saving many souls. He was brought to the knowledge of Christ by the medical work which is being carried on there.

"A great number come to the dispensary, the number during the last six months being over eight thousand people. It is a great means of drawing people to listen to these better and greater things.

"One case which came under our care was very bad. It was a case of slavery, for these people keep slaves. They are badly treated at times. I was going down to the school and met a young boy one day. I thought it was a girl by the clothing and fine features the lad had. He was barely able to walk, a pitiable cripple. I said, 'Where are you going?' 'I have come to the white doctor.' I said, 'Well, he is up in the dispensary; go up now.' He went up and told his story. He had been a slave and had fallen in a fire and been terribly burned, and of course now he was no use to his master. He was sent to the woods and tied there with a rope because he was no good. He got free and came with his rope in his hand to the missionaries'. He was taken in and kindly treated. His wounds were healed, and he was able to do a little work, just some simple little work. Two of his fingers had grown together, and he was disabled because of his diseases and his ill treatment.

"There are many amusing things happen also. There was one young child that had to have skin grafted. A native assistant told us about it. 'Why, they put the baby to sleep to begin with, and we thought it was dead. The doctor cuts people and puts on patches.' He was so amused at such things being done.

"A little native was brought in with club feet. The mother was distressed. Plaster casts were put on and the mother told to bring the child back in about two weeks, and if the cast should become loose she was told to bring it back immediately. The child was brought back about three months later. There wasn't a sign of a plaster cast except one little piece hanging on by a piece of cloth. The doctor scolded and put on another, and again cautioned her to be sure and bring the child back within a certain time. Time passed and more time passed, and when she came back with it the plaster was loose. The last time I saw it one foot was quite straight and the other was nearly straightened.

"There are many difficulties connected with the work that we here cannot realize. Cataracts have been removed, many of them. One of the most difficult things after the operation is to get them to realize that they must keep the eyes covered. I just want to tell you about one young girl. There is a peculiar disease in that country. A certain blood blister forms, and this girl had this disease. She had been a traveller. She had been down to the coast, 300 miles, and far, far into the interior, and had been for oil in another direction. She was about sixteen, and when this disease came it was a great trial to her because

of her fondness for going with men of trading. She was treated by a native doctor, but became worse. My sister happened to be over in this station that was quite near their village, visiting, and her cousin, a Christian woman, brought this girl to my sister to see what she could do with her. The girl couldn't see at all. My sister told her to bring her to our station. The girl was brought. Fancy traveling with a blind girl over rugged paths, foot paths, and over bridges, for four days, until they came to the missionary station. A visiting doctor happened along and the case was shown to him. He shook his head, nothing could be done. Another doctor came. Nothing could be done. Now we have doctors of our own, but they were not there at that time. Many examinations were made. The girl kept coming in and asking to have her eyes healed. She felt so badly that she was to be blind. But we had to tell her that we were afraid nothing could be done. The girl at last gradually began to become cheerful and bright. Could follow light and that was all. She would go out to the field with the others, and take her hoe and do the best she could. One day she was in the girls' afternoon meeting on Sunday. She rose to her feet and said: 'I want to tell you something, girls. I cannot see any of you. I can see nothing; but I have something that gives a light in my heart. I can see in my heart, although I cannot see with these eyes, and I am thankful that I came here to the mission station, and that I am blind, because I never should have left my own town, and I was so fond of travel I never should have been able to come here and have gotten the light in my heart, that I could not possibly have gotten away over in that other country. I am thankful that I am blind, because I never would have had that light.'

"These are just a few cases to show that medical work is one of the most useful. There are two millions of people that know nothing at all of the light that lightens every man that comes into the world."

INDIAN WORK.

The Indian has been more or less in the public eye since the day Jacques Cartier sailed up the St. Lawrence, and some effort has been put forth (with more or less enthusiasm) toward civilization, since the gentle ladies of France bravely sailed over the seas to spend and be spent for the aborigines of the newly found lands. After a lapse of three centuries what is the condition of the race to-day?

It is true we have shining examples of the possibility of the Indian; individuals have climbed to enviable positions in the ladder of fame, but as a race it is still the day of small things.

The great difficulty in the past has been the nomadic habits—no fixed place of abode—here to-day, there to-morrow. Under these conditions, it is evident that outside of evangelistic work very little could be accomplished. Happily, to-day, the roaming habit of the Indian is practically a thing of the past. Owing to the onward march of civilization the red man was induced to resign his lordly estates and to take up his hunting-grounds farther and farther back. The day has come when the last west and north have shown up possibilities to the settler undreamed of a few years ago. The buffalo has disappeared from our great western prairies, the fishes and game are gradually being eliminated from our lakes and woods; the ever onward rush of emigration is depriving the Indian of his livelihood. Year after year the Indian problem is one of greater increasing urgency. In the name of honor and justice there is but one solution. Such judicious assistance as will enable the red man to become a self-supporting, self-respecting Canadian citizen. It is evident the Indian must become an agriculturist. This is what the Canadian Government is aiming at and putting forth every possible effort with this end in view.

Reservations have been allotted to the various bands, upon which they have built their primitive homes. From sheer necessity they are giving up the hunt and chase as a means of livelihood and depending more and more upon the cultivation of the land. These reservations afford great scope for nurses with strong missionary tendencies and a love of the work for the work's sake. One must deal with stupendous ignorance and superstition, with a people who know not how to care for themselves in health, much less in illness. Abscesses securely covered with ratskins, septic wounds generously besmeared with blueberry juice, the body wound with brightly colored ribbons, betoken some of their efforts to check the progress of disease. When illness comes upon an Indian there is a threefold duty which the friends feel they owe the unfortunate one.

First—To keep him as a hot house plant. One finds blankets like portieres hanging over the door to ward off the possibility of any fresh air reaching the patient, every crevice stuffed with rags, the patient always fully dressed even to the moccasins and often wearing some of his outdoor garments. A familiar sight is rabbit skins wound round each foot and hand and a band of cotton encircling the head.

Secondly—To urge the sick one to eat his usual portion of meat and bannock that he may not get weak.

Thirdly—To induce the patient to walk a short time every day that he may not lose the use of his legs.

In regard to medicine, it must be highly colored, preferably bright red, and also have an agreeable odor, or to the Indian's mind it is "no good" and he will not use it. One has rivals in the native medicine men. Even Christian Indians of many years' standing retain some heathen ideas and are loth to give up the traditions of their race. Regarding compensation, the medicine men are often very relentless and will demand anything which a man possesses—perhaps his only cow, in one instance the sick man's last pair of trousers. One must admit some medicine men possess an extensive knowledge of the medicinal properties of some herbs and sometimes are remarkably successful in curing diseases which they know, but in general their skill is a fraud and violates every principle of physiology.

In an interesting address on "Heathenism" before the Woman's Auxiliary, the Rev. Louis Laronde, B.A., of Winnipeg, said:—"The secret fraternity of medicine men is the chief institution of heathenism. These are of different grades and of different degrees of power according to the number of years of their probation. The Indians are naturally credulous and superstitious in everything connected with native religion. They attribute every sickness to the secret enmity of man or to evil spirits. The medicine men understand this characteristic and they take full advantage of it for their own ends. They magnify even simple ailments into dangerous illnesses and when they have frightened their patients (as they readily do) they have them at their will. Should a patient recover from a supposed dangerous illness after treatment the medicine man receives all the glory, but should the patient be beyond his skill then it is the will of the Great Spirit that the patient should die and die he does under this verdict. Much value is attached by the medicine men to the deafening sound of the drum, as it is supposed that such a noise in the patient's room drives away the evil spirit."

Heartaches, disappointments, discouragements and loneliness are inseparable from the work. Yet it has its lights as well as its shadows, and very much to encourage. The worker needs patience, infinite patience. First the blade, then the ear, then the full corn in the ear. It may be ours to see the blade only. Some must be content to sow, knowing well that others will reap.

Literature tells us that the work of a nurse is a powerful auxiliary to the furtherance of the gospel, a leading feature of the present age. To save life, to minimize bodily affliction, to nurse with tender care the diseased and dis-

tressed is to gain an honest and powerful hold upon the affections, and this can be utilized to teach them the ways of His true and beautiful religion. No training better fits a woman for mission work than that of the hospital. Alas! how few enter with this object in view, yet one could not make a better investment with her life. There are brilliant exceptions, but as a class do we not need our light removed from under the bushel of selfishness? Are we not too much taken up with self and self-interest? Do we not often imagine we are serving God when in fact we are only serving ourselves?

In view of the fact that there is such a dearth of candidates for the mission fields—fields which are white unto the harvest—would it not be well for our undergraduates to have the opportunity of occasionally listening to missionary addresses in the class room? It could easily be arranged and far-reaching might be the results. It certainly would have a tendency to fan the spark in those who had an inclination for the work, awaken the spirit in others and a source of inspiration to all.

We owe much to the Indians. Are we not the possessors of their happy home of years gone by? Should we not give them something instead?

By virtue of her training, who is better fitted than a nurse for the great work of guiding and directing this people to a higher saner plane of living? Christianity the Indians accept quite readily and usually make honest, sincere men and women. In many homes family prayer is conducted night and morning and the Christian Indians are rarely absent from church without good reason. Wherever an Indian goes he carries his books, his Bible, prayer book and hymnal.

There is something sweetly solemn in visiting an Indian encampment at the hour of prayer. When away on hunting trips, though tired and weary from the day's tramp, the hunters congregate round the camp fire and by its embers an unbroken circle of dusky faces may be seen bending low over the book of books—then a hymn of faith is sung. We raise our hearts in thankfulness to God when we remember that they are the near descendants of a war-loving, heathen tribe. All honor to those noble pioneers who penetrated the trackless forests, searched out the roaming bands, amidst hardships and perilous journeys to bring them the gospel of peace. Many touching instances could be cited of the self-sacrificing missionaries who left friends and the comforts of civilization behind and obeyed the parting command of our risen Lord and Saviour—but they went forth not alone, they had the blessed assurance of that promise which accompanied the command, "Lo, I am with you." Sufferings and hardships were cheerfully borne to win our Indians to Christ and the missions have in a fuller measure been permanently consecrated to Him by the laying down of the lives of some of His sanctified ones.

The romance which surrounds the Indian in the well told tales of Fennimore Cooper, the decorations of war paint and feathers, emblematic of heathenism, are things of the past at Fort à la Corne, Saskatchewan, where I have the privilege of being a worker.

On James Smith's reserve of 40,000 acres we have a band of God-fearing, God-loving people devoted to the church—a band in a semi-civilized state and I believe a few years hence a wonderful advancement will have been made by these Indians.

There are those who can perceive the glory and patriotism of welcoming our shores the poor and oppressed of every land and reaching out a helping hand but I regret to say these same people are lukewarm when it is proposed to exact the same aid to the heir of these ancestral estates. Why this attitude; why self-lack of interest? Surely there is a lack of interest when we remember that the Indians of the Dominion of Canada are a mere handful, comparatively speaking yet in the one diocese of Saskatchewan it is estimated that there are 1,000 people

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400 for whom absolutely nothing is being done by any religious body or denomination. Surely the words are as true to-day as when first uttered by our Lord and Saviour, "the laborers are few."

Permit me to quote some replies to the question, Why such a lack of interest in Indian work?

First—The Indians are a vanishing race; they are dying out. The best Canadian authority is that apostle to the Indians, the Venerable Archdeacon Mackay of Saskatchewan. An extract from his latest report on Indian work says:—"By reference to the statistics of the Indian Department we find that during the past ten years the Indian population has increased at the rate of 1,900 per year in the Dominion of Canada, and this in spite of the fact that several bands have been passing through a transition state which must naturally result in a very high death rate. They have experienced a complete change in their mode of life. Formerly they roamed the prairie, lived in tepees with plenty of ventilation and pure air and had an abundant supply of fresh meat for their subsistence. From this they changed to the reserve life, living in overcrowded, wretched shacks and carrying into their habitations all the habits of camp life. From an abundance of fresh buffalo meat they had to subsist on salt bacon and bannock, which would ruin the digestion of any ordinary mortal. Anyone who knows the conditions through which these Indians have passed must realize the fact that a race that can pass through such an experience without more loss is not likely to die out, and as a matter of fact they are not dying out. They have passed the turning point and are now steadily increasing."

Secondly—The Indian is not capable of assimilating our civilization. Happily it is not the idea of those who know whereof they speak. If results have been indifferent it may be we have been remiss in our responsibilities.

Thirdly—I am not interested in missions. We sometimes hear the expression, "I believe it is a kindness to leave the Indian alone. He is happy in his own way. Why disturb him? God is gracious. He will save him at the last." Surely a strange expression for one who calls himself a Christian. Christianity is a life and if we have a life which others have not, how can one be happy and content unless he is proclaiming this life in some of the many ways? Again, eternal life is not being "saved at the last." It is knowing God. The song of the angels at Christ's birth was "Peace on earth." Christ says, "Go tell my children that I have made peace." What condescension on God's part that we should be given a share in the great work of redemption, "Workers together with Him."

Fourthly—I am not fitted to undertake mission work. This is the word of the Lord, "Not by might, nor by power, but by my Spirit." What we all need is to be "filled with the Spirit." It is the great essential. Without it we may as well attempt to be of service to God among the non-Christian as an army might attempt to invade another country without ammunition. But if we consecrate ourselves to God's service, if we honestly endeavor to obey His commands, if we are filled with the Spirit, there need be no fear of failure in His work.

"Lovest thou Me?" It is the Master

Asks this question day by day;

Can we with the lips adore Him

While our actions answer "Nay"?

"Lovest thou Me?" "Then over yonder

See them on the mountain steep;

Be for Me an under shepherd;

If you love Me, feed my sheep."

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The Secretary announced that invitations for annual meeting for 1912 had been received from Gravenhurst and Hamilton.

Miss Scott—I move that the matter be referred to the Executive. Seconded by Mrs. Fournier, that time and place of next annual meeting be left to the Executive. The two invitations to be considered.

Motion—That letters of appreciation be sent to those who have been so kind and hospitable, and who have helped us in our meeting. Seconded by Miss Madden. Carried.

LIST OF THOSE WHO REGISTERED.

Miss Mary Ard Mackenzie, Chief Superintendent Victorian Order of Nurses.

Miss Margaret G. Stanley, Lady Superintendent Victoria Hospital, London.

Miss Clara H. Greene, Superintendent General Hospital, Belleville.

Miss Robina L. Stewart, Superintendent of Nurses Toronto General Hospital Training School for Nurses.

Miss Lottie Fanazick, Superintendent General Hospital, Chatham.

Miss Kate Madden, Superintendent of Nurses City Hospital, Hamilton.

Miss Nellie Goodhue, Assistant Superintendent of Nurses Royal Victoria Hospital, Montreal.

Miss Florence J. Petts, Assistant Superintendent Hospital for Sick Children, Toronto.

Miss Jean L. Edgar, Night Supervisor, Hospital for Sick Children.

Miss M. Byrd McClive, Private Nurse, Niagara Falls, Ont.

Miss Lillian C. Phillips, Superintendent Montreal Foundling and Baby Hospital, Montreal.

Miss Edith F. Trench, Lady Superintendent Woman's Hospital, Montreal.

Miss Jessie A. Gibson, Superintendent General Hospital, Kincairdine.

Miss Kate Matheson, Superintendent Riverdale Hospital, Toronto.

Miss Margaret J. Reynolds, Welfare Nurse, London, Ont.

Miss Elizabeth Ross Greene, Superintendent Hospital for Incurables, Toronto.

Miss Anna M. Connor, Private Nurse, Toronto.

Mr. J. Ross Robertson, Honorary Member.

Miss Annie W. Goodrich, Inspector Nurse Training Schools, Education Department, Albany, New York.

Miss Alice Y. Scott, 11 Chicora Ave., Toronto.

Mrs. H. M. F. Bowman, Superintendent Berlin and Waterloo Hospitals, Berlin.

Miss E. S. Maxwell, Superintendent St. Luke's Hospital, Ottawa.

Miss M. E. Christie, Toronto.

Miss Margaret N. Walsh, Private Nurse, Kingston.

Miss Katherine Stewart, General Hospital, Winnipeg.

Miss Annie M. Andrews, General Hospital, Medicine Hat.

Miss May S. Wilson, Lozier Memorial Hospital, New York City.

Miss Jean C. Wardell, Presbyterian Hospital, Philadelphia, Pa.

Miss Carrie De Vellin, Grace Hospital, Toronto.

Mrs. E. G. Fournier, Superintendent Minnewaska, Gravenhurst.

Miss Fannie Dixon, Nicholls' Hospital, Peterboro.

Miss Margaret A. Brown, Nicholls' Hospital, Peterboro.

Miss Bella Crosby, Editor "The Canadian Nurse."

Miss Jennie C. MacBain, Assistant Head Nurse, Hospital for Insane, Hamilton.

Miss Ada C. Hodges, Superintendent Alexandra Hospital, Ingersoll.

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INSTRUCTORS

HOWARD T. KARSNER, M.D. (Demonstr., U. of Pa.)

HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

WM. EGBERT ROBERTSON, M.D., Professor of
Medicine, Temple University.

WM. ERWIN, M.D., (Hahnemann and Rush Med.
Coll.)

LOUIS H. A. VONCOTZHAUSEN, Ph.G., M.D. (Grad-
uate Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute).

MAX J. WALTER (Univ. of Penna., Royal Univ.
Breslau, Germany, and Lecturer to St. Jos-
eph's, St. Mary's, Mount Sinai and W. Phila.
Hospital for Women, Cooper Hospital, etc.)
Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastie Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Phila-
delphia, Penna. Orthopædic Inst.)

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Miss Mary A. Snively, Retired.

Miss Mina M. Rodgers, Superintendent Niagara Falls Hospital, Niagara Falls, Ont.

Miss Elizabeth McColl, Superintendent Ottawa Maternity Hospital.

Miss Eleanor Johnston, Superintendent Orillia General Hospital, Orillia.

Miss Bertha Miller, Superintendent Amasa Wood Hospital, St. Thomas.

Miss Margaret M. Carson, Superintendent General and Marine Hospital, Owen Sound.

Mrs. Anna M. Staebler, Superintendent General Hospital, Stratford, Ont.

Miss Martha Y. E. Morton, Superintendent General and Marine Hospital, Collingwood.

Miss M. Elizabeth Lord, Barrie, Ont.

Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto.

Miss M. M. O'Donnell, Head Nurse Rockwood Hospital for Insane, Kingston.

HOSPITAL ACCOUNTING.

The subject of Hospital Accounting is of so extensive a character that any exhaustive consideration of the question would be impossible within the limits of a paper such as the present. A correct and detailed setting out of the various items which comprise the receipts and expenditure of a modern, up-to-date hospital is of primary importance, not only for the welfare of the institution, but also for the information of the subscribers and the public in general. We will first consider the revenue, and from what sources it is derived. This, of course, varies very much, according to the class of hospital, whether endowed, partially so, or not at all. In a general way, the receipts are derived from pay patients, subscriptions, government and municipal grants, interest from endowments and legacies; the latter being generally set apart from current revenue, and only the interest being available for that purpose.

The book of original entry for patients is the Register, in which are set forth the name and various other particulars, with rate charged, from which an account is opened in the Ledger, preferably a loose-leaf, alphabetical one, for pay patients. Various subsidiary books, such as special nursing, operations, etc., are also necessary for keeping account of those items. A columnar Cash Book, ruled to embrace the different items credited to the patient's account, will be found most convenient. The amounts totalled horizontally will close the account in the ledger, and vertically will show the sum received from each item, the total of each showing the sum received for the month from this source. The credit side will show the deposits made in the bank during the month, these sums and the receipts being self-balancing. A general Cash Book will be required, into which will be carried each month the total from the Patients' Cash Book. In this book will also be entered, each month, the moneys received from other sources, such as subscriptions, grants, etc. In the case of municipalities making a per diem allowance for indigent patients, a book specially prepared to record the names, dates of entry, discharge and such other items of information as are required, will be the best method of keeping such accounts, a monthly statement being prepared and sent in from

"a successful remedy is not born complete in the mind of the manufacturer.

The idea might have been conceived therein but its success depends solely upon its therapeutic value and its adaptability to the requirements of the profession.

The idea was conceived that a more hygienic, adaptable and satisfactory method could be devised for maintaining continuous hot moist heat in the treatment of inflammations, both acute and chronic, than by ancient poultices, hot packs, etc.; antiphlogistine, the original cataplasmic dressing was the result.

That antiphlogistine has proven its therapeutic superiority and adaptability and maintained its popularity over other products or methods in the treatment of inflammation is best attested by the continuous confidence accorded it by the medical profession."

the entries contained therein. This plan facilitates the keeping of such accounts, involving the expenditure of much less time and trouble than opening separate accounts for the patients. A specially prepared ledger, ruled to exhibit the different items of receipt and expenditure, will be found invaluable, the total amounts in each case being shown, and the separate items composing the same on one page. This method is very convenient for purposes of reference, and for exhibiting the financial condition of the institution monthly. Regarding the expenditure, all accounts should be paid by cheque, with the exception of small sums, for which a Petty Cash Book is kept. A monthly settlement of accounts is most desirable, in order to ascertain the exact condition of the running expenses. The accounts having been audited, cheques should be issued as soon as convenient, after the end of each month. In many cases it will be necessary to divide the payments covered by these cheques, into the various items contained in the accounts, such as tea, coffee, butter, eggs, etc., as these items are required to be set out in detail, by institutions receiving government assistance, as well as for the purpose of preparing the annual report. Monthly statements of the Receipts and Expenditures are required for presentation to the Board, in addition to the Annual Financial Statement submitted to the government and the public. It will therefore be obvious that in a large institution, a carefully devised plan for attaining the best results, and avoiding the expenditure of unnecessary time and labor, is most desirable. In many of the leading hospitals a uniform system has been adopted, and improvements in this direction are being constantly advocated by those concerned with these matters. In the foregoing sketch it has only been possible to outline in a rapid manner the salient features pertaining to the subject. The general principles, however, referred to, will be applicable to all hospitals, however varied the conditions may be.

T. W. KENNY,

Secretary, Protestant General Hospital, Ottawa, Canada.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W., April 18th, 1911.

The following ladies have received appointments as Staff Nurses:—Miss J. F. Watson, Miss M. E. B. Eyton, Miss E. E. Hopcraft.

Transfers to Stations Abroad.

Matron.

Miss S. E. Oram, R.R.C., to South Africa, from Royal Victoria Hospital, Netley.

Staff Nurse.

Miss C. C. M. Gibb, to Hong Kong, from Royal Victoria Hospital, Netley.

Promotions.

The under-mentioned Staff Nurses to be Sisters:—Miss M. C. E. Newman, Miss F. M. Tosh.

E. H. BECHER, Matron-in-Chief, Q.A.I.M.N.S.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, JULY, 1911

No. 7

The Eighth Annual Meeting of the Graduate Nurses' Association of Ontario

Held at Niagara Falls, Ontario, on May 24th and 25th, 1911

May 24th, 8 p.m.

A Union Meeting of The Canadian Hospital Association, The Canadian Society of Superintendents of Training Schools for Nurses, and The Graduate Nurses' Association of Ontario was held in the Carnegie Library. This meeting has been reported in the June number. The only paper we repeat is that on "Social Service," given by Miss Forsyth, for The Graduate Nurses' Association.

SOCIAL SERVICE.

Prof. S. J. Chapman explains the topic of this paper as "all kinds of work done by people with the specific intention of making the world better and happier." In this present day, there are many social problems that are occupying the minds of thinking people. Many of these we, as nurses, can only touch upon, yet in our own profession we have opening before us the splendid opportunities of hospital social work, visiting nurses, juvenile protective work, and the work of the nurse in the social settlement. Until recently, the goal of the undergraduate nurse has been hospital or private work. However, with the general awakening of the social conscience, there has come to the nursing profession a greater desire of service amid the less fortunate of our cities' people, and where formerly the path of philanthropy was blazed by a few self-sacrificing women, spending their talents in district nursing, there are to-day many who are using their abilities in scientific and organized effort to ameliorate conditions and effect a higher social life. The nurse in social work is finding it necessary, first of all, to become the student of social conditions. With this increase in scientific knowledge and her additional social training, many of the apparently insurmountable difficulties in the social problem have been overcome, complexities simplified, and her feeling of helplessness and sense of failure has given place to a consciousness of power.

Referring to Mr. Chapman's statement, we realize that the field of social work is wide. It includes every form of energy, whether spiritual, moral, intellectual or physical, expended for the uplift of humanity. It must be the aim of every social worker to secure such conditions that every man, woman and child shall have the possibility of leading a truly human life. By this we mean the life that God intended for him, who is created in His own image and sanctified by His Holy Spirit. In his book on "Jesus Christ and the Social Question," Mr. Peabody writes, "Never before has the world seen the mechanism of the social order adapted as it is now for the conveyance of social energy. The ample channel thus provided waits for the power of the life of the Christian social worker, and as the sufficient stream leaps forth into the various activities of the world, it sings as it flows, 'I came that they may have life and have it more abundantly.'"

It may now be well to enumerate certain branches of social service thereby suggesting to our minds the broad field of this humanitarian movement. These group themselves under the following heads:—The Conservation of Child Life, the Protection of the Factory Worker, the Protection of the Family, the Elimination of the Social Evil, Social, Educational and Religious Centres.

To conserve the life of the child, we find the following activities employed:—The Study of Infant Mortality, the Pure Milk League, the Education of Backward, Truant and Delinquent Children, the Committee on the Prevention of Tuberculosis, Open Air Schools, the Nurse in the School, the Education of Feeble-minded Children, Play and Recreation Centres, the Juvenile Court, the Juvenile Aid Association, the Child Labor Commission, Societies for the Prevention of Cruelty. To better the factory and business conditions of the youth of our city, we have the sanitary inspection of the factory and all places where labor is employed, the work of the factory nurse, the laws regulating the conditions and hours of work. As we grow more scientific we realize that much of the evil originates in the home conditions, and so, to strengthen the life of the family we employ such agencies as the Charity Organization Society, the Care of the Immigrant, the Committee on City Planning and Housing Reform, the Protection of Friendless and Weak-minded Women, the Inebriate Association, Prison Reform. The Social Evil is, perhaps, the most complex of our many problems, as well as the most heartbreaking. It is also the most recent in point of attack. Boston, New York and Chicago, on this side of the Atlantic, are pioneers of the movement, and possibly the work of the Crime Commission of Chicago, during the months just past, by its masterly investigation, as well as by its series of recommendations, has done more than all else to arouse, educate and direct the mind of society toward the remedy of this hidden blight upon the life of our cities.

The foregoing classification contains overlapping, but our aim is suggestion rather than completion. Amid the number of institutions established to accomplish the work of reconstructive philanthropy, and to do preventive work by providing Social, Educational and Religious centres, we find the Social Settlement well to the front, and in the army of workers we find that the trained nurse occupies a high place. We are glad to know that in Canada we are fol-

lowing the steps taken by the larger hospitals of the continent and the United States. Until comparatively recently, on the discharge sheet of the hospital, one might read, cured, unimproved or died. Our interest centres around the unimproved, and this was the extent of the hospital's social conscience toward that particular patient until, perhaps in a few weeks, he was readmitted, in a worse condition due to the lack of proper care after first being in the hospital. As an example we take a quotation from Miss Pelton's paper on social work, published in the *Survey* of May, 1910, "A child was brought to the dispensary, the doctor's expert examination could locate no definite cause for his anaemic condition, every organ seemed sound. Proper food, fresh air were prescribed and he was daily taken to a park to play but he grew worse, and why? In a home of ignorance and poverty, he was spending the long nights in the same bed with his father, who was dying with tuberculosis. The doctor had not included the home in his examination, therefore could not take into account all the causes contributing to the child's condition. The foregoing is an illustration of the wasting of hospital resources, the wasting of life itself which results from snapping the connection between hospital and patient at a critical point. Not only tuberculosis and the illnesses of children, but a multitude of other diseases seen in the dispensary have their roots in social maladjustment. Patients pass rapidly through the hospital, pressed on by those waiting to enter. Doctors have their specific training and duties, and they are not trained to investigate social conditions and are too busy for such work. In order to meet the doctor's need of knowing the home conditions of any patient, that he may make a more thorough diagnosis, or that the treatment physical or social needed to cure the patient may be carried on, the hospital has added to its staff this somewhat new type of expert, the Social Welfare Nurse. Five years and a half ago, Dr. Richard Cabot, who had long felt the inadequacy of his outpatient department, employed a nurse who had some experience in social work, not to nurse his patients, as some other dispensary doctors had done, but with a wider purpose; she was to be their friend, to discover their home and personal difficulties, to teach them wholesome living, to report wrong social conditions to the doctor, to see that the prescribed treatment was carried out, in the home, and to connect the patient with whatever agency fitted his special need. The work of this nurse was not confined to Dr. Cabot's patients. Her services were offered to the whole out-patient department, the phenomenal response to this quickly resulted in a well-organized Social Service Department. Certain marked groups of patients such as those with tuberculosis, those with nervous disorders and unmarried mothers are now separated under specially trained workers. Like experiment varying somewhat in form and method quickly sprang up in other cities. In 1901, Dr. Charles Emerson, at that time on the staff of the Johns Hopkins Hospital, and a director of the Charity Organization of Baltimore, organized a group of medical students to do friendly visiting in poor families. This grew to over sixty members. At present there are in the United States thirty examples of organized hospital social service. The Social Service Bureau of Bellevue Hospital, New York, handles the largest and probably the most intense problem. In preparation for the session to be given on the subject at the National Conference of Charities and Correction last May, the Com-

mittee on Health and Sanitation sent six hundred letters to the Superintendents of the largest hospitals and dispensaries in the country, asking the extent of their interest in hospital social service. In almost every case they expressed themselves in sympathy with the movement. In the words of Miss Pelton, "they feel that the hospitals with their present incomplete method do not do thoroughly the work they undertake." It has been estimated that during the past few years seventeen hundred nurses, not including school nurses, have turned aside from the more lucrative private cases to take up visiting nursing among the poor. Similarly, the work of the visiting nurse has been a development of recent years. In almost all the large cities of the United States, the Visiting Nurses' Association, while initiated by private philanthropy, has become attached to the municipal organization. She is employed especially in the children's clinics of the free dispensaries, in the special tuberculosis clinics, and in visiting nursing in the homes of the poor. In the fight against tuberculosis, it has been found necessary to concentrate on an effort outside of the hospital, while using hospital agencies. To that end we find in the United States the establishment of the Tuberculosis Institute, originally, as in the case of the visiting nurse, a private enterprise, but becoming in many cities a municipal responsibility. Here the nurse finds full scope for her sympathy, skill and energy. She must know her district, find her cases, induce them to come for examination and treatment to that department in the dispensary, co-operate with the Charity Organization Society in the matter of temporary relief, help institute the day and night camp and the open air school for tubercular children, as well as provide the way for the hospital equipment of the third-stage patient, and the convalescent home for the incipient case.

The study of delinquent children has brought about in the United States, and notably in Chicago, the establishment of the Juvenile Court, the House of Detention, and the Juvenile Protective Association. In the House of Detention there is a resident trained nurse in charge, while the visiting nurses' association are frequently employed as probation officers. The work of the nurse in connection with the Juvenile Court may be one of extreme importance, in that it involves investigation of the home and family and of the physical condition of the delinquent, thereby tending to the eradication of crime.

We now come to the last topic under our consideration, namely, that of the Nurse in the Settlement. A number of years before hospital social service began, Miss Lilian Wald, a trained nurse, founded the Nurses' Settlement, in Henry Street, New York. She had come in contact with settlement work, had recognized its value along social and educational lines, as a means of developing a sense of civic responsibility in the immigrant and the native-born American, and she realized that it might easily and effectively become the centre from which to combat successfully disease and ignorance. In course of time, she established a milk depot and dispensary and made provision for fresh air work during the summer. The social clubs she used as a medium by which to convey a knowledge of the laws of health and sanitation. She had gathered about her a staff of sixty nurses, upwards of thirty of whom live in the settlement, devoting their time to sick and social welfare visiting, dispensary work, and, in gen-

eral, the strengthening of the club organism of the settlement. The remaining thirty find appointment in some of the many settlements with which New York abounds, continuing their work in the various districts, under Miss Wald's supervision. Thus it will be seen that the settlement is the institution whose organization has initiated and developed the thought of Social Service. This by reason of its sharing the life of the community in which it finds itself and because of the elasticity of its machinery, by which it may adapt itself to the particular needs of a neighborhood, and may house within its walls practically all that makes for social welfare on the purely social, educational and religious sides. To quote from the charter of Hull House, Chicago, founded twenty years ago by Miss Jane Addams, we learn the general lines of much settlement work. It reads as follows, "to provide a centre for higher civic and social life; to institute and maintain educational and philanthropic enterprises, and to investigate and improve the conditions in the industrial district of Chicago." We would add perhaps one more clause to this charter, and in doing so we feel that twenty years' experience of social service has proved that nothing will permanently change society save the life changed by the dynamic force of Christ. Therefore we would make it the expressed intention of the settlement, to found such activities as shall open the way for a tactful and yet aggressive Christian work.

The membership of Evangelia Settlement, Toronto, is made up for the most part of Canadian boys and girls, young men and women, together with a number of English families just beginning life in this country, some French-Canadians, a few Germans, some Russian Jews and Bulgarians. Among these one finds almost all forms of religion. To become a member, a child pays a fee of ten cents to join and one cent a week dues, while an evening member pays fifty cents to join and class fees of twenty-five and fifty cents, according to the classes taken. Each club member pays also one cent a week, so meeting the club's social expenses. The day department is divided into a series of self-governing clubs, each with its own platform of work, its club song and its weekly business meeting. Club life begins at the age of four, with boys and girls, the members progressing through a series of clubs, until, at the age of fourteen, they graduate into the business world, and are thereby entitled to rank as evening members. A Mother's Club, a Cradle Club, and Public School Kindergarten are also found in the day department. Supervised play hours, with folk song and games in the winter and in the summer a playground lighted with electricity and equipped with apparatus, happily fill a portion of the time allotted to each day and evening club, while the fashion of keeping all the festive seasons at the settlement is to young and old of perennial interest. A reading room, a games' room, and a lending library offer diversion to all members. In addition to the weekly social club meeting, an educational department, equipped largely by college men and women, offers opportunities of study to those employed during the day. The industrial arts and domestic science find a place in the weekly schedule as well as physical instruction, art classes, a preparatory business course, St. John's ambulance lectures, university extension lectures, Bible classes and Sunday services. A branch of the Penny Bank helps in the practice of economy. In the efforts for pure milk, the settlement has co-operated

with the Hospital for Sick Children, and has for two years maintained a daily milk depot where whole or modified milk may be obtained. Since 1908 the settlement has a summer home for its members on Lake Simcoe; here one finds, from time to time during the season, numbers of working mothers with their babies, little children or business young women. The boys and men are provided for by a camp near Bala, Muskoka.

Two years ago the nursing department was added to the list of the settlement's activities. The work consisted of a study of the neighborhood conditions, nursing, principally obstetrics, in the homes of the Mothers' Club, endeavoring to teach by practical demonstration in their homes the principals of cleanliness, order, proper ventilation, sanitation, the preparation of infant's and invalid's food, as well as arranging, where necessary, for hospital treatment. This involves frequently the readjustment of the home during the absence of the father or mother. Within the settlement, contact with the young business women has opened opportunities of extending medical aid, frequently, to cases of anaemia, nervous disorders and incipient tuberculosis, resulting usually from their work environment. The number of cases treated last year was two hundred and seventy; there were one hundred and sixty-six office dressings, and one thousand eight hundred and eighty nursing, friendly and advisory visits made. As a result of the medical inspection in schools, there being three schools in our neighborhood, and a knowledge of neighborhood conditions, we established a month ago a regular afternoon and evening dispensary. Knowing that many of the mothers go out to work during the day, we considered the advantage to them of an afternoon and evening clinic. The distance is so great to the Hospital for Sick Children, and the number of patients so many, both there and in the other hospital clinics, that it practically meant a day for a mother in this neighborhood to obtain treatment. We hope by our dispensary to act as a go-between where hospital treatment is necessary and to relieve the congestion in some measure in other places.

I have endeavored to review for you somewhat of the history of Social Service, particularly as it affects the trained nurse. The story of this vast movement cannot fail to be interesting. Whether that interest shall crystallize into individual action must be the test of each of us. In Canada we are just awakening to the possibilities of social service. The splendid work of the Heather Club, in Toronto, is well known to all the nursing profession, as well as that of the district nurse in our cities. In conclusion, let me ask you, have you a vision of the city's need, and having a vision, will you, who can, turn aside from the more lucrative channel of our calling and devote yourselves to building up in our country the vast agencies for good which we have been considering.

WINIFRED M. FORSYTH.

Evangelia Settlement, Toronto.

Discussion.

Mr. Grier—I am sure we are all intensely interested in hearing this very admirable paper from Miss Forsyth.

Miss Goodrich told about the settlement work in New York. She spoke of the remarkable work done by Miss Wald. "Many of our leading philanthropists have given their time to prepare the nurses for this wider work. There is also a society in that work. I speak of this because we are always longing to hear that every university in the United States and Canada has such a department." Mr. Grier spoke of the importance in a country which proposes to do good work, that people see to it that they properly appreciate such work as is done by such a benefactor as Mr. J. Ross Robertson. "I should like to pay, if I may do so, my tribute to one who has shown attention to those who are sick and crippled, and more particularly for those who are young, the sick children."

May 25th, 2 p.m.

Meeting was opened with the usual Nurses' Prayer.

Moved by Miss Wardell, seconded by Miss DeVellin, that minutes of last annual meeting and of special meeting be taken as read. Carried.

Secretary's Report.

Nine meetings of your Executive Committee were held during the year. A special meeting of the Association was held December 30th, in The Residence, Hospital for Sick Children, to discuss the proposed Bill on Registration with the lawyer, Mr. Ludwig.

Miss Crosby made several trips, visiting a number of places, including Guelph, St. Catharines, Fergus, London, Stratford, Woodstock, Montreal, Kingston, Belleville, Hamilton, Brockville, Ottawa, Peterboro and Collingwood, in the interests of the Association and "Registration." These visits were much appreciated by the Associations. Money to defray expenses of these trips was raised by the issuing of Florence Nightingale cards and calendars, for which we are much indebted to Mrs. Pellatt and her assistants.

The Alumnae Associations of Collingwood, St. Catharines, Hamilton and Fergus defrayed their own expenses.

A most impressive service, conducted by Archdeacon Cody, in memory of Florence Nightingale, was held in October in St. Paul's Church, Bloor St., Toronto.

Lectures by President Falconer, of Toronto University; Mr. Williamson, President of Dickens Fellowship, Toronto, and Mrs. J. L. Hughes were given during the winter and were highly appreciated, also the kind hospitality of the Misses Gray.

We have a paid-up membership of 241. New members received during the year, 64. Ballot papers posted, 221. Ballot papers returned, 84.

Resignations, for various reasons, were received from Mrs. Yorke, Miss Bowling, Miss Barwick and Miss Kennedy.

Appointments made: Miss Julia Stewart, Executive Committee; Miss Cooper, Corresponding Secretary; Miss Neilson, Assistant Recording Secretary.

We regret to report the loss by death of Miss Chesley, of Ottawa.

Respectfully submitted.

ELIZABETH ROSS GREENE, Secretary.

Moved by Miss DeVellin that report be accepted. Carried.

Report of Registration Committee.

Madam President, Members of the Graduate Nurses' Association of Ontario:—Your committee beg leave to report as follows: Being authorized by the Executive Committee to take such preliminary steps toward obtaining Registration as might be necessary, we wrote to the secretaries of the Registration Boards in the different States of the Union asking for copies of their Bills, together with their opinions upon the working of Registration in their respective States. Their answers were very courteous and helpful. With the information thus obtained, we visited Dr. Clark, Dean of the Medical Faculty of Toronto University, who was much interested, and promised to take up the question with influential friends. He advised us, however, to proceed in the meantime with the plans we had already made, and to get a lawyer to help us draft a Bill and present it to the Legislature. We obtained the services of M. H. Ludwig, LL.B, K.C., of the firm of Ritchie, Ludwig & Ballantyne, who has had much experience in such work, especially in connection with the Law School. He, from the information we gave him and his knowledge of Canadian law, drafted a Registration Bill which, upon the face of it, may not seem to contain much of what we want, and yet is so broad as to give us all we need without tying ourselves down by restrictions that in a few years we might find were quite behind the times, but which we could not remedy without an appeal to the Legislature. One piece of advice which is constantly given us when organizing a society is, "Put as little detail as possible in the Constitution, leaving this for the By-Laws, which are easily changed, if necessary."

After the Bill was drafted, a general meeting of the Association was called for December 30th, 1910, in The Residence, Hospital for Sick Children, Toronto, to hear the Bill read and explained by Mr. Ludwig. As it was very late in the season, and ours being in the nature of a losing cause—having failed once—it was decided, upon the advice of Mr. Ludwig, to postpone any approach to the Legislature until next session, in the meantime putting ourselves under the guidance of our lawyer.

Since our last meeting the need for legislation has become even more apparent, owing to the institution in our midst of such a school as the "Dominion School of Nursing," described in the April Number of "The Canadian Nurse," and I may allude also to the report of a hospital with a training school for nurses, instituted by graduates of an American correspondence school. At present our hands are tied, as we have no special status, and the people in charge

of the institutions probably think they are filling a public need, but we who have been trained in what we consider the best methods, think otherwise. With legislation to protect the "Registered Nurse," they may still be allowed, but the public will employ them with their eyes open, and at their own risk. There is a great need in our land for nurses among people who cannot afford to pay the regular rates, and the nurse who can devise some means to remedy this trouble will confer a boon upon humanity, but if we value our profession we will give of our best to supply this need, and not leave it to untrained hands. At first this may not seem connected with legislation, but we feel that it is one of the great questions in connection with nursing, and one that we must face.

Our President, during the past year, has done what was suggested during the discussion in this subject at the last annual meeting, viz., has visited different sections of the country and sown the seed which, from her reports, found good ground, and at the next meeting of the Legislature we should reap a good harvest, provided that the soil is kept well tilled and watered.

Before closing the report, we may say that the proposed Bill, with the comments upon it by Mr. Ludwig, was given fully in the March number of "The Canadian Nurse." "The Canadian Nurse" has been, and is, of great service to us in scattering abroad the knowledge of what Registration means, and its need in our land.

Signed on behalf of the Registration Committee.

LUCY B. PELLATT, Convener.

Moved by Miss Wardell, seconded by Miss Christie, that this report be received. Carried.

Report of Committee on Revision of Constitution and By-Laws.

Your committee beg leave to report that, owing to the possibility, or may we say the probability, of the success of our Registration Bill next winter, which will materially change the form and the objects of the Graduate Nurses' Association of Ontario, we thought it advisable not to suggest any change at the present time.

Signed on behalf of the Committee on Revision of Constitution and By-Laws.

LUCY B. PELLATT, Convener.

Moved by Miss Ewing, seconded by Mrs. Reynolds, that this report be received. Carried.

Treasurer's Report.—In absence of Miss Gray, this report was read by Miss DeVellin.

Treasurer's Report.

Balance on hand May 24, 1910	\$248 20
Members' fees	234 00
Receipts from F.N. Calendars and Post Cards.....	345 15
Donation from Mrs. C. J. Currie	5 00
Interest	7 80

\$840 15

Disbursements.

Stenographer	\$ 21 50
Stationery and stamps	26 75
Printing	62 00
Page in "The Canadian Nurse"	36 87
Badges and pins	3 55
G. S. McConkey (catering)	43 00
Cables	10 00
Printing calendars	167 50
Stenographer	15 50
Miss B. Crosby	100 00
Expenses of President visiting Associations	40 90
Record book	65
Agent	4 17
Register	9 00
W. L. Council	50
	<hr/>
	\$541 89

Total Receipts \$840 15

Total Expenditure 541 89

Balance in Bank \$298 26

MARY GRAY, Treasurer.

May 25, 1911.

I have examined the Treasurer's books and vouchers, and believe that this statement is a correct record of the financial transactions of the organization for the year ending May 24th, 1911.

T. W. ELLIS.

Toronto, June 20th, 1911.

Moved by Mrs. York, seconded by Miss Allin, that Treasurer's report be accepted. Carried.

Announcement of Elections.—Read by Miss Greene.

Officers and Executive for 1911-12.

President—Miss Bella Crosby, Toronto.

First Vice-President—Miss Mina Rodgers, Niagara Falls.

Second Vice-President—Mrs. W. S. Tilley, Kingston.

Recording Secretary—Miss E. Ross Greene, Toronto.

Corresponding Secretary—Miss Jessie Cooper, Toronto.

Treasurer—Miss Mary Gray, 505 Sherbourne St., Toronto.

Board of Directors:—Miss Brent, Mrs. Paffard, Miss Mathieson, Miss A. J. Scott, Miss L. L. Rogers, Miss Ewing, Miss Wardell, Mrs. Clutterbuck, Mrs. Findlay, Miss Pringle, Miss Butchart, Miss E. J. Jamieson, Miss DeVellin, Miss Barnard, Miss Kimmett.

Appreciation of the work of the Executive expressed by Miss Crosby.

WELFARE WORK.

Scarcely a century has elapsed since any effort towards the amelioration of the condition of factory employes has been made, but in that short time a great change has occurred.

The dark, unsanitary buildings have given place to clean, well-lighted ones, in which sunlight and good air give an aspect of cheerfulness to the factory itself, and also to the employes. So much has the lot of the employes been improved, that in the last few years a new branch for their betterment has been introduced into the large factories of the United States and Canada. The "Welfare Work" deals with the improvement of the employes, mentally, morally and physically.

Libraries, emergency hospitals and rest rooms have been installed in the factories, and the services of a physician, and frequently a trained nurse, have been engaged.

Where the factory is located in a small town, and a large number of workmen are engaged, many firms have inaugurated a model village, in which the employes live in modernly equipped cottages, rented at a low rate. In several cases the waste land, which is an adjunct to every factory, has been reclaimed, and instead of the cinder-covered and littered landscape, well-kept lawns and luxuriant flower-beds make the building "a thing of beauty."

It is to the McClary Manufacturing Company that the honor is due for the introduction of "Welfare Work" into Canada. For the past 28 years the "Employes' Benefit Society" has been in existence in connection with the factory, and has done excellent work in caring for those who are ill or injured. This society is supported by the contributions of the employes themselves, and has paid out in sick benefits and doctors' fees as much as \$3,000 per annum. But it is only since November, 1909, that "Welfare Work" (in its proper meaning, which may be taken to mean "anything supplied by the employers, for the welfare of the employes, that they are not compelled by law or expected by common custom to do") has seriously commenced. It was at that time that a nurse was engaged for the purpose of supervising this work. The duties of the nurse are to enquire into and report daily the condition of any sick or injured, and any unhygienic surroundings in the homes, thus enabling the company to better understand the condition of their working people. The nurse makes a report of accident cases on a regular accident form, giving the information usually required by Accident Companies. Connected with the factory is a small "Emergency Hospital," furnished with everything necessary for emergency work, where the sick or injured can obtain immediate relief. The nurse has regular hours for visiting outside patients. These people are free to call upon her any hour during the day, and in very urgent cases at night. There has been reported during the year forty-three major accidents, three hundred and forty-four house calls, and six hundred and twenty-nine cases at the factory.

This work has proved very advantageous to the company, though perhaps from a short-sighted pecuniary point of view, so far it would appear a loss,

but it may be easily seen that, by raising the standard of a wage-earner, the output of the factory is also raised in quality and quantity.

If a man is sick, the foreman is required to report to the nurse, who, as soon as possible, visits him, and does all in her power to make him comfortable and start him on the road to recovery.

The company has provided luncheons, and a lunch counter (for the benefit of their employes), where hot tea, coffee, sandwiches, soup, pies and fruits are supplied at cost. And it is the nurse's duty to supervise this, also the lending library, where books can be had for a cent a week.

In the winter months, musical entertainments are held weekly in the men's dining room at noon hour, and the nurse gives instruction on "First Aid Work" to a class of thirty-five or forty girls; while, in the summer, the tennis and baseball grounds are enjoyed to their fullest capacity.

A laundry is to be installed in which soiled clothing of any of the employes may be washed for a small item. Baths have already been established in the girls' dressing room, where, for a small charge, a bath may be secured.

"Welfare Work" is unique, inasmuch as the nurse deals largely with a wage-earning class; a class that is, perhaps, more independent than any other, and over which she has no authority other than her personality and ability to help them in case of need. At first they seem a little suspicious of disinterested kindness which is also gratis, but once win their affections, and arouse their sympathy, and there are perhaps no people so devoted, and the nurse herself gains that comfortable feeling of absolute control without authority, which is, perhaps, the highest reward of her services.

London, Ont.

(MRS.) M. REYNOLDS.

"WELFARE WORK."

"The Welfare Work" carried on by the Plymouth Cordage Company of Welland is, I believe, not equalled by that of any other factory in Ontario. So many things have been done to make life brighter for the employes.

In the winter we have an enormous open-air rink, which is flooded and kept in order as long as cold weather lasts. This year a toboggan slide was erected, and was the joy of the younger members of the families.

The "Cordage" is a little colony by itself, consisting of ten four-tenement houses, twenty-three two-tenement houses, and six single houses. There is also the Kindergarten. In this building there are very comfortable rooms furnished for the Kindergarten and Nurse. Plymouth Hall is used for concerts, dances and business meetings, also as a comfortable lunchroom for employes who carry their mid-day meal.

Our athletic field is a place where many happy hours are spent in summer. There are three splendid tennis courts, a croquet lawn, baseball field, fair grounds, and room for much more when the time comes for it.

Last year an attractive little house was built on the athletic grounds, with two sitting rooms, one for men and one for women, provided with shower-baths and lockers.

The Cordage Annual Fair is the greatest event of the year among our people. Prizes are awarded by the company for best fancy work, cookery of numerous varieties, flowers, vegetables, poultry, and for the best-kept lawns and flower and vegetable gardens. On Fair Day a large tent, in which the exhibits are displayed, is open to the public. There are sports and band concert in the morning, baseball and tennis games in the afternoon, and a huge bonfire, fireworks and band concert in the evening.

There are between three hundred and fifty and four hundred employes, and the nurse is kept busy attending the sick members of their families. There is a small but well-equipped hospital at the mill, and there the dressings are done each morning, and any accidents attended.

The Nurse may be called on at any hour by any member of a Cordage family.

Welland.

M. OLIVE BRADLEY.

Miss Snively—In looking over the program, I see that we have no one to report about the work of the nurse in such large establishments as The T. Eaton Company, for instance. It occurred to me that this might be interesting for next year.

“The Work of the Pure Milk Committee.” by Miss Hanna, Hamilton.

CLEAN MILK FOR BABIES.

A few years ago, Dr. W. F. Langrill, who was then Medical Health Officer of Hamilton, urged that some effort be made to supply bottle-fed infants with clean milk during the summer months, but not enough interest could be aroused at that time to start the matter. The appalling number of infant deaths in the baby ward at the City Hospital and throughout the city in the summer of 1908 brought attention to the question again. A number of medical men in the city considered it carefully, with the result that efforts were made to interest the Board of Health. These were successful, but when the matter was brought before the Finance Committee and a grant sufficient to warrant starting operations asked, they were told that the appropriations had all been made for the year. Then the Victorian Order Committee advised the Commission to go ahead with the work and guaranteed to supply the needed funds.

A farm was selected about three miles from the city, where the herd had been tested and found free of tuberculosis. On this the plant for sterilizing all utensils used in handling and bottling the milk was placed, consisting of two shafts, one for sterilizing, the other for bottling. A formula was agreed on for modifying the milk, and to simplify matters was classified as A, B, C, D, E and G, running from 3 oz., or 1-3 milk, 2-3 aq., milk sugar $\frac{1}{2}$ dr., up to whole

milk, or 8 oz., according to the weight and age of the baby (See table). This was put in booklet form, with much added information on "How to Keep the Baby Well," and distributed freely among the homes. Early in July, 1909, two depots were opened, one at the City Hospital, the other at the market, with

Child's Weight in Pounds	Milk Oz.	Water Oz.	Tea- spoon fuls of Sugar	How Often	In 24 Hours Bottles	From 6 a.m. to 6 p.m. Bottles	From 6 p.m. to 6 a.m. Bottles
				1 bottle every			
A. 6, 7 and 8.....	1	2	1½	2 hours	8	6	2
				1 bottle every			
B. 9 and 10.....	1½	2½	1½	2 hours	8	6	2
				1 bottle every			
C. 11, 12, 13 and 14....	2½	2½	¾	2½ hours	7	5	2
				1 bottle every			
D. 15 and 16.....	3½	2½	1	2½ hours	7	5	2
				1 bottle every			
E. 17 and 18.....	5	2	1	3 hours	6	5	1
				1 bottle every			
G. 19 and 20.....	8	0	1½	3 hours	6	5	1

Two tablespoonfuls make one ounce.

a nurse in charge at the farm, and another at the market depot, while the doctor and nurse in charge of the Out-Patient Department looked after the hospital depot. The system of operation was as follows:

The mothers brought their babies to the depots and had them weighed and the matter of bottles and feeding carefully explained. For instance, a baby weighing 12 lbs. was given formula C—milk 2½ oz., water 2½ oz., milk sugar ¾ oz., 5 in all, and 7 bottles to last 24 hours. The milk was gradually increased in strength as the baby gained in weight. A deposit of 5c. on each bottle was taken from the parents to cover breakage, this to be refunded at the close of the season, when bottles were returned. Each baby was provided with separate feedings for 24 hours, bottled, sealed and ready to be warmed, a nipple applied and given the baby. The mothers did not have anything to do with the modifying, and were warned not to meddle with the milk. Each day the orders were sent out from the depots to the nurse in charge of the bottling and modifying at the farm. The bottles, packed in crates and surrounded by ice, were returned the following morning, ready to be distributed from the depots. A great help in the work of delivery was given by one of the large grocers, who offered to deliver milk along his routes free of charge. In this way over 200 bottles were often delivered daily.

The babies were weighed every week and a record kept, showing increase or decrease in weight. Beginning with 30 bottles, the number ran up rapidly until over 800 bottles were distributed daily, to over 200 babies and children under 2 years. It was found that the babies under 4 months did not do as well as those over that age, the trouble being mostly constipation. The majority, however, did splendidly. In the summer of 1910 work was begun earlier, with a little difference in the methods. This summer five depots were opened in dif-

ferent parts of the city where milk was dispensed, babies weighed and orders taken. There was the great disadvantage of having to procure certified milk outside the city, the milk coming in by train from Erindale, a distance of 25 miles. The plant was stationed at the central depot, where the sterilizing, bottling and modifying were all done. This was also a dispensary. The same system of individual feedings, weighing of babies weekly, etc., was kept up. The season began June 25th and closed Sept. 15th; 253 children and babies had taken the milk, while over 860 bottles were dispensed daily. The response of the mothers for clean milk for their children was prompt and their appreciation gratifying to those who had worked so hard to keep their children well.

The price of the milk for the first year was 1c. a bottle, or about 5c. per quart. The charge the second year was 10c. and 15c. per day, according to formula used. Results: First year, during August and September, 1909, the total infant mortality from cholera infantum was 59, compared with 90 the corresponding months of previous year. Total number of deaths from all causes 91, compared with 126 the previous year. Total deaths among children taking clean milk, 22.

11 cholera infantum.	1 did not have milk.
1 chronic indigestion.	1 died when six days old (premature).
1 carbolic acid poisoning.	
1 no record.	3 well until discontinuance of milk, died within a week.
2 cerebro-spinal meningitis.	
1 heart disease.	

Death rate from cholera infantum, 30 per cent. lower than in 1908.

Second year, 1910, fifteen deaths among children taking milk classified as follows:

7 cholera infantum, on milk one week (two irregular customers).	1 spinal bifida.
	1 brain complications.
	1 tuberculosis.
3 indigestion (discontinued some time before death).	1 meningitis.
	1 pyaemia.

Total deaths in Hamilton (under 2 years) during July, August and September, 127.

Expense:—The only, or chief, objection to the above methods is the expense. The first year about \$1,600 was spent, while last year over \$2,700 was expended. The subject before the Milk Commissioner at the present time is the work of reorganizing under simpler methods.

Hamilton.

M. E. HANNA.

Miss McKenzie—I should like to ask what they are doing in Toronto in connection with the settlement in the matter of pure milk.

Miss Crosby—Miss Forsyth is not here to answer.

Miss Phillips, Montreal—I am an interested listener. We are doing a good deal of the same kind of work in Montreal, but against difficulties. I am glad to hear the expense question is the bugbear everywhere. We have a grant of \$500 for this purpose, and they think we are too extravagant. We are trying to open up depots in the settlement houses and in different parts of the city.

REGISTRATION—DISCUSSION ON PROPOSED BILL.

Miss Phillips—The Canadian Association of Nurses in Montreal asked me to convey to your Association their greeting, and to say to you that we were one in heart and sympathy with you in this proposed Bill of Registration. We want to do everything we can to further the cause of our profession. When Miss Crosby spent a day or two with us last December in the interest of "The Canadian Nurse" and "Registration," it put new life into the work.

Miss Crosby—How would you like to consider this Bill? Shall we take it up clause by clause?

Miss DeVellin—Take it up clause by clause.

Miss Crosby—We want to protect the public. We want our nurses to have something to designate them as trained women, who stand on a different plane to the woman who perhaps has taken a correspondence course, or who has walked through a hospital. We want to do something by which our Profession will be recognized as a profession.

We must arrange something that will suit the laws of our own country. It is necessary for us to get permission from the Government in our Province to allow us to manage our own affairs and give us the right to so arrange a Constitution and By-Laws that will make a uniform standard for the nurses of Ontario. The nurses of British Columbia are, I believe, ahead of us in the matter of Registration. They have their Bill drafted much as ours, and were to have had it at the last meeting of their Legislature, but were delayed owing to the omission of some technicality. Next meeting it will come before the House, and I hope will become law.

Article 1. Miss Madden—This does not need any discussion.

Article 2. Miss Crosby—If no one has anything to say regarding this Article, it stands approved.

Article 3. Miss Madden—What is the reason for having the Council so large?

Miss Crosby—It may be that it would be wiser for us to have a smaller Council. It is for this Association to say. The Legislative Committee thought it would be more representative of the nurses of the Province. They will be more than glad to have you correct it in any way. If a smaller number would be better, we would be glad to meet your wishes in the matter, whatever they are.

Miss McKenzie—If this passes, what becomes of the Ontario Graduate Nurses' Association?

Miss Crosby—It will gradually merge into the Registered Nurses' Association.

Miss Madden—Will the Council be the Examining Board?

Miss Crosby—The Council will appoint from amongst themselves the Examining Board. Perhaps it would be wise to leave this to be discussed later on. We will pass on to Article 4.

Article 4—Change to one month before annual meeting, instead of ten days.

Section 5. Miss Crosby—Any discussion? If not, it stands approved.

Section 6—No discussion; it stands approved.

Section 7—Question: What would the condition of the present members of this Association be?

Miss Crosby—All members of this Association would, on payment of the necessary fee, become members of the new Association.

Miss Brent—Is this Association not an Incorporated Association?

Miss Crosby—Yes.

Miss Brent—How will you get over that incorporation?

Miss Crosby—This will really include the other, and give us what we want in addition.

Section 8—Question: Why was application not made direct to the President of the University?

Miss Crosby—I think that we thought that the Medical Profession and Nurses' Profession were really so closely allied that we should secure it through the Dean of the Faculty of Medicine. We hope to get an interview with the President of the University.

Miss McKenzie—I think it would be much better for us if we could manage to have a Department of Nursing and Health, with a Nurse in the chair, instead of trying to deal with the University through the Department of Medicine.

Section 15. Miss Crosby—I may say that in discussing this section with Mr. Ludwig, that he suggested that we cancel it.

Mrs. Fournier—What would a qualified physician receive as a fee? Better trust to the judge to see that we are properly remunerated in cases of that sort rather than spoil our Bill by having something antagonistic in it.

Miss Wardell—We should act upon the advice of Mr. Ludwig. I move that the advice of Mr. Ludwig be accepted.

Miss Ewing—I second that motion. Carried.

Section 16. Miss Madden—A member of the Legislature in Massachusetts told me that if we passed this Bill it would take from our wives, our daughters and our mothers the privilege of nursing us when we are ill.

Miss Crosby—This clause makes it perfectly clear that we do not want to rob anyone of that right. Perhaps we should have a discussion of the Bill as a whole.

Miss Clara Greene—One of the great benefits to be derived will be the strengthening of the weak hospitals throughout the Province. We will be affiliated with the strong institutions.

Mrs. Fournier—I am not at all familiar with Canadian law. I have not investigated it; so I am rather at sea. Is there any organization whatever which aims to do anything of this nature on a working basis, proving the utility

of this? Is the Medical Council an outcome of their medical organization or is it an outcome of some law demanded by the public?

Miss Madden—I think it is the outcome of the Medical Association.

Miss Crosby—The Medical Profession have the right to manage their own affairs. Why should not nurses have the right to manage their affairs?

Miss Snively—Do I understand that this is a discussion as to whether we shall have any representative from the Medical Council?

Miss Crosby—No. Your general impression of the Bill—the results we may expect.

Miss Snively—I would not like to prophecy. As far as I can see, the Bill is very tangible. I think it has been admirably formed. I do not see why we should not have this Bill presented.

Miss Crosby—Miss Morton, what do you think of it? What is your impression of the bill?

Miss Morton—I approve of it.

Miss Greene, Belleville—I do not know anything about it. The Bill seems to me to be very good. The question was raised as to whether the medical men can manage their own affairs. They do manage their own affairs. It is an outcome of the Medical Profession.

Miss McKenzie—I am sorry I am the only one who seems to be opposed to this Bill. I think it is a very bad Bill. I think if it passes it will be the worst thing that could happen to the nursing profession. I can look five years ahead, and see no practical good which is going to come from this Bill. Your R.N. is too cheap. There is no educational standard set there. It is left to a handful of women. No examination test is set. They may arrange this and may arrange for lectures, and offer a curriculum, but it does not say it has got to be done. It is too elastic. One of the chief benefits to be derived by registration is the improvement of our smaller hospitals. That Bill will not improve our small hospital in the least degree unless there is an exceptional Council. As I read it, that Bill is not going to pull up one hospital in Canada to improve itself. There will have to be more of a legal recognition. It has to be worked up, I think, in connection with the University, as the best way, in connection with our educational system and the stamp of a large organization. Arrange in some way to have a commission appointed to approach the Education Department through the University people.

I would not thank you for your R.N. under that Bill.

In Canada we have the small hospital to reckon with, as well as the public, who do not understand nursing. Make it a Bill that sets down certain things—what standards they must come up to. Have it a minimum standard, and put up your clasps later on, and make it just as hard as you like to be registered. Set a standard and some provision for examinations.

Miss Snively—May I say that perhaps Miss McKenzie has not fully understood that particular clause in the Bill. I have always understood in the wording of the Bill that the standard may be set by the Council that we choose, that the standard does not come into the Bill, but that the Council regulates that standard. For that reason it is important that we should have members of the

Medical Profession on the Council. I think it is all right for nurses to manage their own affairs up to a certain point. We are deeply indebted to the Medical Profession for the interest they have taken in the nurses, in lecturing to them. Still, I appreciate the fact that we would like to have the power of managing our own affairs, but I should like to have the Medical Profession represented.

Miss Madden—I feel with Miss McKenzie. In Massachusetts this same ground was gone over, and almost the majority were in favor of not accepting the Bill as passed. The nurses began their campaign for registration about the same time as in New York. The New York Bill was passed in 1903, and Massachusetts in 1910. It had been going yearly, but one, to the Legislature, but promptly thrown out. Since then good things have already happened through the Bill. It all lies in the personel of the Council. The practice of medicine is one thing and the practice of nursing is another.

Mrs. Fournier—I certainly agree with these remarks which have just been made. The standard worried me a great deal in this Bill. If it is possible in any way that the standards can be pledged from our Council that is appointed. The doctors may lecture nurses. They do not teach nurses. If the Superintendent gets anything from the doctor, she has to put it into his mouth. If once the power is given into your hands, then, of course, the nursing profession has power to appoint the Council. That in itself is a good point, and can be worked out well. It is very important that you get your standard firmly fixed before you get this Bill settled.

Miss Madden—If your Board is secure, the rest does not matter so much. That Bill must be secure or standards may fail in time.

Miss Snively—I felt when I spoke in regard to the Medical Profession that they should have some representative, because I feel they would really be a help, because it is no easy matter, after a Council has been chosen, to regulate the standard to the satisfaction of all. And while I would be glad to see, would always want to see, on the Board of Examiners for such registration, a greater number of nurses—the majority of the Board to be composed of nurses—on the other hand, I would want to see a representative from the Medical Profession.

Miss Snively—I would like to say that it just occurs to me at present that when the New York Bill first passed, those who were thinking much about registration then will recall the fact that the standard set for the first three years was very low, and that all nurses could register on very moderate terms, but since then it has been raised.

Mr. Grier—I should be perfectly content to abide by Mr. Ludwig's judgment. In the first place, I judge that this action of yours in getting a Bill is founded upon the confidence in yourselves as an Association. Assuming that that is the basis of the matter, what is the Bill before you going to be to you. It would be to have yourselves incorporated with unlimited powers, and no restrictions whatever. I am entirely in sympathy with those of you who believe a high standard should be set. Do not bind yourselves to a standard which you may find too low.

Miss Christy moved that the clause remain as it stands, that the Bill be accepted as a whole. Seconded by Miss Allin. Carried.

Miss Greene, Belleville—Regarding the Council of fifteen, would it be right to leave that in the hands of a committee? It seems to me that doing a thing like that hurriedly is not the right thing.

Moved by Miss Green, seconded by Miss Madden: That the Executive choose the Council, and due attention be given to the fact that they have experience in training nurses and have some idea of what the curriculum should be. Carried.

Moved by Miss Wardell, seconded by Miss Ewing, that meeting be adjourned.

8:15 P.M.

Paper—"The School Nurse," by Miss L. L. Rogers, Superintendent of School Nurses, Toronto. Illustrated by lantern slides.

THE SCHOOL NURSE.

Toronto inaugurated a system of Medical Inspection by appointing a school nurse on April 21st, 1910; on May 5th two assistants were appointed, and two more added in November.

In February, 1911, thirteen additional nurses were appointed, making a total of seventeen, with one Superintendent.

The nurses make a class-room inspection once in every two weeks, referring all cases to the Medical Inspector for diagnosis. The minor contagious cases, such as ringworm, scabies, impetigo, and eye diseases, are treated in school by the nurse. The cases of contagious disease, such as scarlet fever, measles and diphtheria, are excluded from school. When the nurse finds a child with a defect, the name is indexed on a card, which is kept on file in school until the case is cured; the case is then considered closed, and the name taken from the card.

After the school work is finished, the nurse visits the homes to learn if the parent is aware of the conditions found in the child, and to have treatment begun. Recently a child was found with one eye almost without sight, and the mother was so sure that nothing was the matter that she said she would go to the oculist to prove that the nurse was wrong. The oculist informed the mother that it was doubtful if the sight could be preserved; now she is inconsolable because no one had told her soon enough to have had something done.

In February, thirteen cases of incipient tuberculosis were found by the nurses, and these were turned over immediately to the Heather Club, which takes charge of such cases, and sends them to an open-air hospital for the summer.

The incorrigibles are turned over to the Children's Aid Society, where they are kept off the street and are carefully taught, and homes provided for them later on.

One nurse recently took twelve children from The Shelter, as the Children's Aid Home is called, to have glasses fitted. Is it any wonder they are incorrigible?

The dental work is an important feature of the system, and is under the direction of a dental inspector. In one school the following conditions were found:

Elizabeth Street School.

55 children examined, aged 5 to 7.	11 could masticate fairly.
32 children had abscesses.	13 could masticate well.
75 abscesses.	19 unclean mouths.
34 children had decayed molars (6th year).	25 fair.
55 children had cavities (420).	11 comparatively.
32 per cent. perfect.	17 irregularities.
11 could not masticate.	73 temporary prematurely lost.
20 could masticate poorly.	0 brushing teeth.
	34 enlarged glands.

The Board of Education provides tooth brushes for the children at a uniform price of 5c.

Paper towels are also provided in the schools where most necessary. Children are obliged to wash up if they come dirty to school.

An Audiometer for testing the hearing has been provided, so that when there is any doubt about deafness a special test may be made to find the degree of accuracy.

Sanitary drinking fountains are being installed, and will be a feature of the general progress.

A post-graduate course of one month has been instituted in connection with the Toronto School Nurses' work. This is given to enable nurses to learn just what school nursing is, and how to go about it when called upon to take up the work in new fields. Since January 1st thirteen nurses have registered for this work, nine having completed their course. This is a comparatively new field for nurses, but it is one that is full of interest and helpfulness, both to the children and the nurse.

It is computed that every individual is worth over \$1,700 to the community, and we feel that it is a privilege to have so large a share in preserving the resources of the country.

April:

Teeth filled	333	Home visits	2,507
Tonsils and adenoids removed...	54	Miscellaneous	51
Glasses fitted	78	Inspections	56,944

LINA L. ROGERS, R.N.,

Superintendent of School Nurses, Toronto.

Miss Crosby—Has Miss Gilchrist, of London, anything to say in connection with this matter?

Miss Gilchrist—No, Madam President. I have nothing to say.

Paper—"The Army Nurse," by Miss Hayhurst, of Hamilton.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmatt, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jackes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

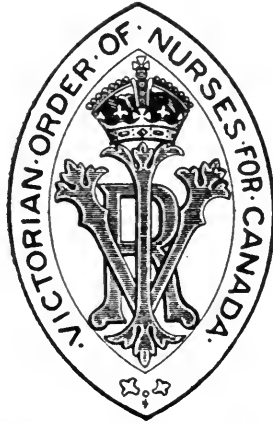
THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from June)

It is said to have been founded in the middle of the thirteenth century by a certain Piero Borsi, one of a number of porters employed in carrying bales of woollen goods to and from the city warehouses. These men were apt to congregate in the Piazza S. Giovanni, looking for jobs, and spending their leisure in gambling and swearing. Piero, being a devout man, was so much scandalized at the profanity of his companions, that he not only boldly reproved them, but persuaded them to impose on one another a fine for each offence, to be paid into a general fund. This did not prove so potent a check but that in a short time a large sum was collected, and at Piero's suggestion, unanimously agreed to, devoted to the purchase of litters, in which the porters by turns carried the sick poor, or victims of accidents and street brawls, to the hospitals. Later a Confraternity was formed for the burial of the dead, under the patronage of Tobit, the pious burier of his brethren. And so in 1250 "the erstwhile company of blasphemers blossomed out into the Company of Brothers of Merey."

Whether this story of its origin is in detail correct or not, the institution was firmly established and held in reverence in the year 1329, and did enormous service during the plagues and fevers of the fourteenth and fifteenth centuries.

(To be Continued)



MINUTES OF THE THIRTEENTH ANNUAL MEETING OF THE BOARD OF GOVERNORS OF THE VICTORIAN ORDER OF NURSES FOR CANADA.

The thirteenth annual meeting of the Board of Governors of the Victorian Order of Nurses for Canada was held at Government House, Ottawa, on Thursday, March 2nd, 1911, at 12 noon, under the presidency of His Excellency, Earl Grey. There were also present: Her Excellency, Lady Grey, Lady Ritchie, Lady Borden, Mrs. R. L. Borden, Mrs. Kirchoffer, Mrs. Ellis, Mrs. Nordheimer, Mrs. Short, Mrs. Macarow, Miss Dow, Mrs. Learmont, Mrs. King, Mrs. Foster, Mrs. Bell and Miss MacKenzie.

Mr. J. M. Courtney, Sir Sandford Fleming, Senator Ellis, Mr. John Heron, M.P., Dr. McGregor, Mr. Goff-Penny, Mr. M. McCarthy, M.P., Mr. Jas. W. Madden, M.P., Prof. J. W. Robertson, Dr. Travers Lewis, Mr. John Fraser, Mr. J. F. Orde and Dr. T. Gibson.

The minutes of the last annual meeting were taken as read.

Mr. Orde reported apologies for absence from Mrs. Ahearn, Mrs. Barnard, Mrs. P. Whelan, Mrs. Montizambert, Mr. Farquhar Robertson, Principal Gordon, Judge Forbes, Mr. Hallamore, Dr. Roddick, Mr. Wilkie, Mr. Flavelle, Senator Cox, Rev. Dr. Edgar Hill, and the Mayor of Ottawa.

The report of the Hon. Secretaries, Hon. Treasurers and Chief Lady Superintendent were then read.

His Excellency referred in terms of admiration to the splendid work described in the report of the Chief Lady Superintendent, and reported that he had had correspondence with the Lieut.-Governors of the Prairie Provinces with a view to securing, if possible, votes of money from their Governments in aid of establishing Branches of the Order in those Provinces, under The Lady Grey Country District Nursing Scheme. Favorable replies had been returned.

(To be Continued)

A post-graduate course in district nursing—four months—is given at one of the four training centres of the Order: Ottawa, Montreal, Toronto, Winnipeg. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Berch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The usual committee meeting was held in June in the C.N.A. room, with a small attendance.

Several new Pure Milk Stations have been opened, with money granted by the City Council and with the proceeds of "Tag Day."

Miss Phillips, of The Montreal Baby and Foundling Hospital; Miss Trench, of The Woman's Hospital, and Miss Goodhue, Royal Victoria Hospital, attended the convention at Niagara Falls. Miss Phillips stayed in Toronto with friends, and while there visited the hospitals.

Miss Eva Welch, who has been nursing in Quebec, has gone to England.

Mrs. Douglas, of Winnipeg (née Miss Andrews), Graduate of Montreal General Hospital, was visiting in Montreal for a few days.

Miss Helen Mathias is spending the summer at Beaconsfield with Mrs. Heubach.

Miss Vivian Petrie, Graduate of Englewood Hospital, is spending her holidays in Kingston.

Miss Des Brisay is doing school nursing in Montreal.

THE ARMY NURSE.

When Miss Crosby asked me to read a paper before this Society on Army Nursing, I hesitated before complying with her request, as I was not at all sure whether I could fulfil the requirements. However, I have put together some facts about the origin and history of the service, and a few of my own experiences as an Army Nurse, which I hope will prove interesting to you.

The care of the wounded during war time dates as far back as the history of war itself. In the Dacian wars, Trajan had something resembling ambulances for injured soldiers, and in the time of Emperor Adrian, A.D. 76, we read of tents and a corps of men set apart for the care of the wounded. In the ninth century a special body was organized by Leo VI. for the same purpose, and in 1048, during the Crusades, the Order of the Knights of St. John of Jerusalem was founded. Originally these Knights not only performed the duties of the present-day Royal Army Medical Corps, but were also combatants. However, Saladin allowed them to enter Jerusalem on a neutral footing to attend their wounded comrades who were his prisoners. This Order is still in existence, and the decoration, a Maltese cross enamelled white, edged with gold, is bestowed on any person who renders conspicuous aid to the wounded; our sex being created "Ladies of Grace" of the Order. About the middle of the eighteenth century, Frederic the Great of Prussia and the King of France were engaged in what is known as the "Seven Years' War," and during this war, by mutual consent, all the Medical Staff were treated as neutrals, and were strictly non-combatants. Later, during the Napoleonic wars, the Surgeons-in-Chief to both armies organized a very efficient Medical Service on a neutral basis.

The Religious Sisters of the various uncloistered orders were the only women who did any organized nursing during war; certainly there were the soldiers' wives and the usual followers of every army, but on the whole the absence of these was preferable to their presence. Indeed, when the Crimean War first broke out, and the question of providing female nurses for our troops was discussed, it was decided not to send any, because of the only class of woman available. Florence Nightingale, who has been called "The Mother of Nurses," was pre-eminently the foundress of organized Army Nursing. In 1854 war was declared against Russia by the English and French allies. There was no provision made for the nursing of our men except by the untrained male orderly, the staff of medical men was absolutely unable to cope with the wounded who, after the battles of Alma and Inkermann, accumulated in appalling numbers. This uncared for state of our men was rendered more conspicuous by the more human methods of our French allies. In camp and hospital, Sisters of Mercy ministered to the needs of the wounded and sick. In the convents all over France they had been trained in sick nursing, and had now left the seclusion of their quiet cloisters for the scene of battle. Appeals were made by the noted war correspondent, Mr. Wm. Russell, and the wives of officers who were at the front sent home harrowing accounts of the distress which they were unable to alleviate. Mr. Sidney Herbert, head of the War Department, suggested Miss Nightingale as the one woman in England who was fitted to organize a nursing staff. She had studied at Kaiserswerth, in the

Deaconess' Hospital, and had also worked in London. His letter to her asking her to accept this work crossed one from her to him volunteering her services.

On Oct. 21st, 1854, she and her staff of 38 nurses left London for the front. There were Roman Catholic Sisters, Anglican Sisters and secular nurses among her party. We know what difficulties this intrepid little band had to encounter. At Scutari they found the huge barracks hospital overflowing with sick and wounded; the wards and even the corridors from the cellar up were packed with the poor fellows, and every hour they poured in in an unceasing stream, in many cases dead and dying lying touching each other, the surgeons so busy that they could only attend to the more hopeful cases, leaving many to die untouched and uncared for. On one occasion Miss Nightingale begged to have her way with some poor fellows the surgeons had decided not to operate on, as they were almost moribund. By dint of unceasing care and vigilance, in 24 hours they were in a condition to be operated on, and their lives were saved. Numberless are the cases cited who were saved by the careful nursing of these brave women; and how their arduous fight resulted in producing order from chaos they found awaiting them at Scutari is a matter of history. Not only in the wards, but in the kitchen, in the proper preparation of nourishing food, etc., for the invalids, and in overlooking the stores of clothing, the laundries, etc., was their work invaluable. Miss Nightingale's name will live always in history as the foundress of a great work. Longfellow called her the "Lady of the Lamp," apropos of her nightly rounds of the wards, lamp in hand, when the poor fellows in their gratitude kissed her very shadow as it fell on their pillows. I came across this little poem, written shortly after her death:

At Chelsea, under the lime tree's stir,
I read the news to a Pensioner,
That a noble lord and judge were dead—
"They were younger men than me," he said.

I read again, of another death;
The old man turned, and caught his breath—
"She's gone?" he said; "she, too? In camp
We called her the 'Lady of the Lamp.'"

He would not listen to what I read,
But wanted it certain—"The lady's dead?"
I showed it to him to remove his doubt,
And added, unthinking, "The Lamp is out."

He rose—and I had to help him stand—
Then, as he saluted with trembling hand,
I was abashed to hear him say,
"The lamp she lit is alight to-day."

And this is more than true. After the war, the gratitude of the British nation had to show itself in some tangible way, and the enormous sum of nearly £50,000 was subscribed. With this money was founded the Nightingale

School, at St. Thomas' Hospital, for the systematic training of lay nurses. Her example led to the organization in U.S.A. of the Red Cross Society, and as another direct fruit of her labors, M. Henri Dunant, of Geneva, appalled by the fearful carnage and disease among the soldiers during the Italian campaign, succeeded in gathering an International Congress at Geneva in October, 1863, to consider how a neutral body might be formed to look after the wounded. The result of this was the founding of Red Cross Societies all over Europe, which act with their respective governments and the armies.

In the Franco-German war, in 1870, Miss Nightingale's advice was frequently asked, especially by the German authorities, when organizing their nursing and medical corps.

When the South African war broke out, the British Army Nursing Service was in good order, but of course had to be largely augmented by the Princess Christian Army Nursing Service Reserve, for which I think nearly every qualified nurse in England volunteered. At first the wheels moved rustily, but in a very few months things were organized and going comparatively smoothly. Many private hospitals, such as the Portland Hospital, the Imperial Yeomanry, and the Irish and Scotch Hospitals were equipped and sent out. At first there was a rush of amateur nurses, society women, many of them absolutely untrained, and unfitted in every way for the work, which, in their misguided and romantic enthusiasm, they had undertaken. Many are the tales told of their ministrations. A Sister who was with the Yeomanry Hospital at Deelfontein told me of one individual who insisted on feeding the poor, hungry Enterics with currant buns. Another tale is told of a poor fellow who, when one of these patriotic ladies had carefully sponged his face and hands and smoothed his pillow, asked him if "he was not much more comfortable now?" "Yes, mum," he said, with a resigned sigh, "You're only the ninth lidy who's washed me this morning." I can vouch for the truth of this incident, as it was told me by someone who actually saw it. It was in one base hospital, infested with the amateur pest, that one of the soldiers in despair got a comrade to write in large letters: "Too ill to be nursed to-day, thank you," and pin the placard on the foot of his bed, while he retreated under his blankets. Miss Nightingale, although at this time confined almost entirely to her room, followed with interest the elaborate preparations for dealing with the sick and wounded, it reminding her vividly of her own pioneer work nearly 50 years before. It gave her particular pleasure to receive and bid "God-speed" to some of the nurses. The neat, workmanlike uniform of blue and scarlet must have contrasted favorably with her memory of that worn by her brave staff, which was described as consisting of "grey tweed wrappers, worsted jackets, white caps and short woolen cloaks, and a frightful scarf of brown Holland embroidered in scarlet, with the words, "Scutari Hospital." These garments were contract made, and all the same size, so you may imagine the effect—tall and short all clad alike.

When a romantic girl in my teens, I used to dream of myself kneeling on the field of battle, with a wounded soldier's head in my lap, a perfect hail-storm of shot and shell hurtling round my heroic head. I scarcely know what

I was supposed to be doing in this picturesque pose, but such was my dream. Needless to say, I found the reality slightly different. War is ghastly and grim. One needs to see it before one realizes the horror and cruelty of it. In London, when we saw the troops marching through to station or dock, our hearts beat high with patriotism, we longed to follow them; how we cheered ourselves hoarse at the news of some victory, flags and bunting flying everywhere, men and women alike delirious with the excitement. But I can tell you the grim reality of it all struck home when we saw the columns coming into camp, dusty and travel-stained, weary and footsore. Were these the smart, jaunty, khaki-clad men we had seen marching so gaily through the London streets? Were these broken-down, limping, worn-out horses, these wicked-looking, dirt-colored guns, the trim, glittering batteries we had seen not so long ago taking part in a royal pageant? And the Boers! It touched one to the quick to see them coming into the Refugee camp, a Cape cart piled high with their household treasures, and perhaps perched on the top, two or three children, sometimes a lad of eleven or twelve playing the man's part, nearly all wearing mourning, the women with sad, worn faces; turned out of their farms, which, under the stern necessity of war, had perhaps been occupied, or even burned down, by our troops. Their husbands—fathers—where? Possibly lying in one of our hospitals; perhaps exiled to far Ceylon; or maybe stretched in a nameless grave out on the veldt! What wonder that these poor things looked at us with hatred written on their faces! I cannot begin to tell you of how the horrors of war touched us! Where was the glamour and excitement now?

But yet I know that, in spite of all this, we were glad to be there. The first time I was sent out, I was stationed in Pretoria, attached to the Imperial Yeomanry Hospital there. It was a splendidly equipped stationary hospital, containing about 1,500 beds. The camp was one of the best-arranged in the country, pitched on sloping grounds, the convalescent and surgical tents on top of the hill, lower down the medical, and at the foot of the hill the enteric and dysentery tents. We had plenty of supplies of every sort, and were able to give our patients comforts without stint, and it was very encouraging to see the way the poor fellows appreciated what was done for them. We nearly all had friends at home who sent out private supplies, and not many Tommies left us without a couple of new shirts, or socks, or some such practical comfort to take on trek. I remember one column coming in from a very arduous march, through the wild country north of Pretoria, and one poor fellow who was sent into my wards showed me the most unique pair of nether garments it has ever been my lot to see. They were made from a table cloth, pink and green and purple in pattern, he had looted from a Dutch farm. His original garments were mere rags tied together, and from this treasure of some woman's heart, he had constructed a pair of cylindrical bags, of which he was most proud. There was some very stiff fighting all round Pretoria at this time, and at Noolgedacht, about 30 miles away, among the mountains, a fairly big battle was fought. The wounded were brought down to Pretoria. It was in the very hot season, and the sufferings of these poor, shattered fellows, being brought down in creaking, swaying bullock ambulances, over the sandy, rough apology for road that existed then, some of them with just a rough field dressing on

their wounds, were too terrible for words. The ambulances rumbled in for days, some of them containing dead as well as living occupants, and the condition of some of the wounds beggars description. The flies had got to them, and they were literally crawling. Hot boracic compresses were the orders for many days, but it was really wonderful how quickly some of the most terrible-looking wounds healed, in that clear atmosphere. As I said before, with the Yeomanry we were very liberally supplied with everything, but such was not the case in every hospital. I remember one Sister telling me that in Kroonstad, on the very night they arrived there, the Boers blew up the railway bridge behind them, and then attacked the garrison. Of course they themselves—the Sisters and medical men—were safe under the Red Cross flag; the hospital tents were not even pitched when the wounded began to come in. For sutures, etc., they had to sterilize sewing thread, and boil anything they could find in the shape of white cotton for dressings. Every soldier has stitched into his coat lining an emergency dressing, but this is always applied on the field by the ambulance orderlies.

For a while I was stationed in the northwest of Cape Colony, at a place three or four days from the railway. Here we had to organize a hospital—no supplies! No anything! Our own old underclothing, and what we could beg from the civilians in the village, had to be torn up and boiled to supply dressings, until we could get things up from the base. The R.A.M.C. orderlies, who were trained men, were many of them very capable, and in Pretoria our work was arranged so that each Sister had charge of about 50 patients, with an average of one orderly to each ten beds. The supply of R.A.M.C. men had to be eked out with regimental orderlies, ex-patients who were detailed for hospital duty. On the whole, these men were kindly, willing fellows. Our duties were to superintend their work, give out all stimulants and medicines, watch the serving of meals, keep an eye on temperatures, and, in the very bad cases, we always did the sponging ourselves. In the enteric and dysentery tents, a Sister would have fewer beds, and a larger proportion of orderlies, as these patients required much more personal attention than the ordinary medical cases. We had a very bad outbreak of enteric during the hot season in Pretoria, but our supplies were plentiful, and we were able to cope with it. Alas! the next hot season I was in Cape Colony, an even worse outbreak of enteric of a very bad type, supplies almost nil, sanitary arrangements of the most primitive description. It was marvelous that the whole garrison and civilian population did not go under with it. For conveying the wounded and sick from up country down to the Cape, and where possible from the Field and Stationary Hospitals, the Hospital Trains rendered an invaluable service. These consisted of long coaches, fitted with tiers of spring berths, and could accommodate on an average of 200 men. They were in charge of two medical officers and two Sisters, and they were on the move constantly, laden with their pitiful freight. The Hospital Ships, too, were wonderfully well organized. I was detailed for duty on a trip home on the "Canada." She was beautifully fitted. The convalescents had sunny cots down on the lower deck, then between decks there were large medical and surgical wards, with stationary berths for the very sick patients. After the medical officer's morning round,

and when all the dressings, etc., were done, all patients that it was possible to carry on deck were taken there for the rest of the day, and in the tropics were often left there all night, too.

The convalescents all reported to the Sister in charge of their wards at 8 a.m. Any complaints were considered, dressings done, medicines given, and, unless necessary, they were not seen again until 6 p.m. It was wonderful how some of the weakest of them seemed to draw in fresh life and vigor with each breath of the pure ocean air. We found the tropics very trying, though, for some of the cases, and we lost several men on the way over. A burial at sea is a most impressive thing. To see the shrouded figure slowly drop overboard, looking so piteously tiny as it sinks into the immensity of ocean; the ship's engines are still for a few minutes, and then, sounding out over the moonlit space, the long-drawn "A," the final note of the "Last Post." It seemed hard to understand why these poor fellows, who perhaps had been through the whole campaign, should die when so near home.

After the South African war the Army Nursing Service was reorganized under the title of Queen Alexandra's Imperial Military Nursing Service. The present strength is 311, serving in the United Kingdom, South Africa, Egypt, Gibraltar, Malta and Hong Kong.

At present the Reserve Force is also being reorganized on a different basis, the particulars of which are on one of the official pamphlets; H.R.H. Princess Christian's Reserve is, of course, still in existenece. Miss Beecher, the Matron-in-Chief of the Service, sent me a short time ago this typewritten precis, which she had drawn up; it may be interesting to you. The official copies are with the photographs and may interest some of you if there is time to look at them.

Hamilton.

A. HAYHURST.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Constitution.

The Q.A.I.M.N.S. consists of a Matron-in-Chief, two Principle Matrons, Matrons, Sisters, Staff Nurses; such Non-Commissioned Officers and Qualified Orderlies of the Royal Army Medical Corps as have been specially recommended.

Conditions of Appointment.

A candidate is required to enter as Staff Nurse. She must be between 25 and 35 years of age, and possess a certificate of not less than three years' training and service in a Civil Hospital, having not less than 100 beds. She must be of British parentage, a Naturalized British Subject, and will be required to satisfy the Nursing Board that, as regards education, character and social status, she is a fit person to enter Q.A.I.M.N.S.

Pay.

Matrons	£75 to £150
Sisters	£50 to £65
Staff Nurses	£40 to £45

Allowances are given for board and uniform. Pensions are given after 20 years' service.

Further particulars can be obtained from the War Office, Whitehall, S.W.

Beginning in the Crimean period, and slowly developing by the appointment of a Superintendent and Sisters to the Chief Military Hospitals, the Army Nursing Service was in 1902 reorganized under the designation of Q.A.I.M.N.S.

This service is managed by a Nursing Board, of which Her Majesty, Queen Alexandra, is President.

The uniform of the Service is grey with scarlet facings. The badge is a cross pattee (as borne in the Royal Arms of Denmark), surmounted by an Imperial Crown, the letter "A" within a circle, surmounted by an oval band bearing the inscription:

Q.A.I.M.N.S. Motto of the Service, "Sub cruce Canadæ."

The staff of Q.A.I.M.N.S. is maintained in all Military Hospitals of 100 beds and over, at home, and in certain stations abroad. A special staff of Sisters and Staff Nurses for duty in the smaller Military Hospitals is held in readiness in London and Dublin, from where they are despatched to nurse all serious cases for which their services are deemed necessary or desirable.

Paper—"The Institutional Nurse," by Mrs. Tilley, Kingston. Read by Miss A. J. Scott.

THE INSTITUTIONAL NURSE, OR THE PRIVATE NURSE IN THE HOSPITAL.

The employment of a private nurse in a hospital and the object for which she is employed are such well-known facts that at first sight there seemed nothing to say upon the subject, but on further consideration I find there are a few things we may learn.

The private nurse receives a call to the hospital with some degree of pleasure, for she is familiar with hospital routine and rules. If she be a graduate of the school, it is to some extent like resuming her training for a time; and if not a graduate of that particular hospital, she enters upon her duties without the peculiar dread and depression with which the majority of private nurses receive their calls to the home.

The reason for this I attribute to the partial absence of anxious relations and friends, the brighter atmosphere of the hospital as compared with the home where sickness is, and the assured welfare of patient when the nurse is away for rest and recreation. None but the private nurse realizes just what that means. To be able to go to bed or for a walk without mentally taking your patient with you is a positive joy, and one, to the best of my belief, none but a private nurse can know.

Her duties in the hospital are so plain before her that one can hardly believe there can be any difficulty. She should attend well to her patient, not in any way interfere or give advice with regard to other patients; keep her patient's room neat and clean; replace broom, dustpan, dishes or any article used in the place where she found them, and so help and not add to the work of others. Unfortunately, these simple requirements are not realized, or are wil-

fully neglected, for the private nurse is not a welcome addition to the hospital nursing staff.

Of course there are rules she has to observe from which she is free in the home. She should report to the Superintendent upon taking charge of case and when leaving. The head nurse should be kept in touch with patient's treatment, and the nurse, when leaving for her hours of rest, should leave a written report of patient's condition. As very frequently the head nurse is an undergraduate, and one, perhaps, who thinks she has nothing more to learn, because she is head of that particular section, this is perhaps a little hard on the experienced graduate. Some nurses object to this, thinking that if they report to the doctor on the case it is sufficient. But if they would stop to think that the responsibility which rests upon them in the home of the patient is now assumed by the hospital, and the unfairness of not doing all possible to relieve and help it, they would not object to so mild a request.

Graduates of the hospital do not have the difficulties of the graduates from other hospitals. This, perhaps, can be accounted for by the family feeling which exists between nurses of the same school, and the suspicions and "don't know you" feeling which comes between nurses of different hospitals until they become better acquainted.

Some of the complaints made against the private nurse are:

That she does not mind her own affairs. On no account should she stand around the corridors or halls, whilst her patient is resting, but keep strictly to her own room. She may, perhaps, be tempted to steal out for a chat with the nurses, and thus hinder them in their work. As the nurses in training are not entirely friendly to the private nurse, but look upon her somewhat in the light of an intruder, the opportunity for this is not very great. This seems to me to be not quite a fair criticism, for the first thing we learn on commencing our training is to attend to our own work.

That she is too critical. It is quite natural that a nurse entering a strange hospital should compare the ways of doing things with her own training, and that she should decide in favor of her own school. She has so little opportunity of voicing her decision, and it would make no difference to the hospital if she did. I think this objection rather applies to the Superintendent and nurses of the school, who stand aloof with chilly dignity, like the wide circle made around the stray bee which enters a hive to which it does not belong, the occupants of which may any time fall upon it and cast it forth.

That she does not fit in with hospital routine. The nature of her work as private nurse, in which she has to accommodate herself to all sorts of places and conditions, and the three years of her hospital training should leave no room for such a complaint. The private nurse, better than any other, should be able to "fit in," in hospital routine or any other. We all know there are such people who will not "fit in" anywhere. They are in every walk of life. They seem to fill the room, the house. I know of no remedy for this complaint. It is an individuality some of us unfortunately possess.

That she requires so much waiting upon. Again, I would call it an individualism. Some people go through life demanding and receiving service from others. Surely only a very few nurses can be accused of this failing.

There are times when it is absolutely necessary someone should wait upon the private nurse, and when it is the duty of the hospital to appoint a nurse for that purpose.

One incident I will relate which will show that the private nurse is not always to be blamed for requiring to be waited upon: The patient was very delirious, with a fixed determination to go down town. The room was on the ground floor, with an unprotected open window, for it was summer time. Poultrices had to be applied. No provision had been made for the nurse leaving the room to make them, but through the day the nurse on the ward had kindly helped. As the night nurse was passing the door, the private nurse asked her if, when it came time to renew poultice, she would sit with the patient whilst it was being made. The nurse replied, "No, I can't; it will be time for my night supper." We who remember many cups of tea poured and never drunk, hurried bites taken standing up or rushing along corridors, and perhaps no supper at all, can but smile at such a reason given for not helping a fellow nurse. The redeeming feature of this incident is that the nurse who can so put self first will never break down or retire from over-work. This conduct should have been reported to the Superintendent—but was not.

Some nurses, it is claimed, have refused to wear their uniforms in the hospital. This does not apply to the nurse who is in actual practice, but to the nurse who is a friend or relation of the patient, has retired from active work, and has not, perhaps, a uniform at hand. As a white dress is always available, this should be insisted upon. For uniformity, if for no other reason, all nurses on duty in the hospital should wear a nurse's uniform.

In an operative case there is often trouble when the patient, and sometimes the private nurse, objects to the hospital nurse preparing the patient for operation. But the hospital, and not the private nurse, is responsible for the success of the operation as regards sterilization and absolute cleanliness, and should have full charge until the patient is returned to the bed. Then, and not till then, the private nurse's work begins.

The outlook of the private nurse upon the subject is more philosophical. She will say, "They were not very nice to me, but I did not mind," or "When you have been doing private work for a few years you get used to almost anything, and make the best of it."

Some have been very indignant because they have been placed at the probationers' table for meals. There can be no excuse for any hospital placing a graduate nurse at a beginners' table. The probationer may be mentally and socially superior to the private nurse, but if promotion to junior nurse, senior, and so on to black band, means anything at all, then surely the graduate nurse should be placed at the Superintendent's table, or at the very least at the senior nurses', unless a table be especially provided for her.

I have dealt with the question of the Institutional Nurse as applied to the hospital which has the private nurse only occasionally. The above remarks do not apply to the hospital or sanitarium where the private nurse is continually coming and going. A better understanding exists there, and a more friendly feeling. The private nurse is treated as one of themselves, and often as a guest.

There is considerable variation with regard to the hours the institutional nurse remains on duty. Some hospitals require eighteen, others sixteen, and a few twelve hours.

In all hospitals the pupil nurse takes charge of the case whilst the private nurse is resting. No set rules for the institutional nurse are available, each hospital making its own requirements.

There seems to be no very serious difficulties between the hospital and the private nurse, but just sufficient to cause some irritation and misunderstanding. The private nurse is very susceptible to kindness. The Superintendent who could find time to be interested and friendly would be well repaid. The nurse would feel that she could go to her, and an understanding chat would straighten out the tangle.

R. W. TILLEY.

Kingston.

Paper—"The Canadian Nurse," by Miss Christie, Toronto.

"THE CANADIAN NURSE."

"The Canadian Nurse" is an infant magazine, just six years old, and during its short life it has done a healthful amount of kicking and shouting, to nurses of Canada, for food. But it has often been left hungry—and as a result it's a bit anaemic, and undersized and worried-like!

When you hear the story of its struggles, it trustfully hopes for an over-feeding of subscriptions and articles that will make it really become as prosperous as the main shareholder in a mining stock hold-up looks.

To speak seriously: The magazine has many difficulties. For example: The paid subscription list is between twelve and thirteen hundred. We frequently publish additional copies up to sixteen hundred, the extra three hundred copies being distributed as "sample copies," thereby hoping to be rewarded. We do know of one new subscriber from this effective source the last year. You will remember that "The Ideal Magazine" made mention of this point.

The average monthly income is two hundred and thirty dollars (\$230), but the average monthly expenditure exceeds the average income by twenty-five dollars (\$25).

And let me say here that no pennies are wasted in wayside places. The five directors who are the Executive of the Editorial Board get no salaries whatever, but have worked in their laborious positions because of a Utopian desire to make the magazine succeed. But as for the gleam of gold—it does not even know them by sight! But we do pay two dollars (\$2.00) a page for all articles accepted. Will the Delegates explain this to their respective Associations, as it is not generally understood.

The Editor gets twenty-five dollars (\$25) a month. Everybody knows how far twenty-five dollars does not go—three hundred dollars a year. But there is no money to give an adequate salary.

Now, there are at least sixteen hundred nurses in Canada who do not subscribe. In Toronto, the home of the infant, we have five hundred nurses,

BOVRIL

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☞ It adds greatly to the nutrition of any dish and gives the rich appetising flavor of prime roast beef.

☞ Use it for your gravies and sauces.

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Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saline aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendant disorders.

A three ounce bottle mailed on request.

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and only one hundred and eighty subscribers, and I am absolutely sure that each of the sixteen hundred would gladly send in a dollar if she had any notion how much the magazine needed. We should have three thousand subscribers.

An especial reason is that it is easier to get advertisements if the subscription list is large. It may not be generally known that most firms refuse to advertise in a magazine of small circulation. You understand that the circulation of a magazine of this type is limited—comparatively—so it is essential for every nurse to get it herself, instead of reading some other person's copy. Also, when possible, send it to ex-nurses or interested outsiders. By way of suggestion, let philanthropy and Christmas-giving unite, next Christmas, when you are looking for the gifts suitable for your nurse friends who do not subscribe, or who have left the profession and single blessedness; send them "The Canadian Nurse" for the year. Directions sent in to the office will be most carefully attended to.

Perhaps if you count those dollars as part of your tenth for the Poor—and the Good, in this case—it won't seem so hard to spare.

Yet, again, remember every reader will get the benefit from YOUR dollar's worth of improvement in the magazine.

And, for the same reason, do not drop your subscription at the year's end, because you think it isn't worth while.

It isn't satisfied with itself either. But if you will hold in your mind and sympathy that an infant magazine has just as much trouble learning to walk as any other infant; if you are patient, and pick it up when it tumbles, some day it will be strong enough to fight for whole associations of you, when you need it!

The magazine has been called local in news, but it is not the Editor's fault. The Editorial Board has a representative on all Provincial Associations and Alumnae Associations. Each of these representatives is supposed to send in the news from her section of Canada. But the Editor often has to write again and again begging for the news—and then gets no reply.

Obviously, the Editor cannot publish news without receiving it, consequently the news is local. The dearth of news is a sad worry to the Editorial Directors, and they regret there is no surplus from which to give representatives a salary.

The magazine ultimately hopes, and means to be, a national magazine, entirely owned and managed by the nurses. With this end in view, the committee thought the first thing to do was to become incorporated. We asked the advice of Mr. John Ross Robertson, and he showed his sympathy very vitally, by bearing the expenses—over sixty-three dollars—that incorporation entailed.

Just here let me speak a word of tribute for that truly great friend of nurses—Mr. John Ross Robertson. He is a man of great-hearted personality, who expresses The Eternal Ideal in every-day life, and the nurses are assured of protection, generosity and sympathy so long as they have such a friend.

Incorporation places the magazine on a sounder business basis. All the members of the old Board are members of the Corporation. The Executive

MENNEN'S

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of the Corporation is a Board of Five Directors, appointed annually, and meets monthly—oftener if necessary. An annual meeting will be held the fourth Wednesday of November.

An agreement with "The Canadian Nurse Publishing Company" makes that company responsible for the printing and business management, but in exchange they take four-fifths of the profits; the one-fifth left defrays the expenses of editorial work.

The charter contains a clause that permits the nurses to buy out the publisher at any time. With an eye on this, "The Canadian Nurse Fund," to raise One Thousand Dollars, was started, for you can easily foresee that the magazine will be an invaluable organ to the profession as Canada grows in wealth and population.

To quote from the charter, "The Canadian Nurse" aims to unite the members of the nursing profession, to advance the educational standing of nursing, to further necessary legislation in the interests of the nurse, and to afford an opportunity for discussion of literary, medical and kindred topics, and generally to promote the welfare of Canadian nurses.

The fund now is only seventeen dollars (\$17); it grows slowly, and the one thousand dollars we aim to reach will be a nucleus to settle the publishers' price when that time comes. Only a dollar from every nurse and our fund would soon be established.

At least subscribe, if you are able, and tell large-minded, wealthy friends about it, also large-minded friends who are not wealthy.

The magazine opened its seventh year in January, 1911, as an incorporated concern, and coincident with it, Miss Bella Crosby, a graduate nurse, took Dr. Helen MacMurchy's position as Editor-in-Chief.

Let me say here that no few words could suggest our appreciation of Dr. MacMurchy's untiring and invaluable editorship for six years. Its sound foundation is in no small degree due to her able administration. The nurses owe her a lasting debt for the time she so generously spent upon it. I say generously by design, for the monetary return was so nominal that her work was almost gratuitous. It was able work done out of the goodness of heart of a busy woman, and she did it with the wish that a nurse would continue it as soon as one could be found who would do it.

It is well for an infant magazine to have a doctor and staff of nurses to bring it up. The incubating process has been one of absorbing interest to us, so you will forgive if we talk too much of our one chick.

I hope I have made clear some needs of our plucky young magazine. Nurses are thoughtful, sympathetic, lovely women, and if I have succeeded in being clear, I am sure the success of the magazine is certain.

There are three things I would send as an individual message to every Canadian nurse:

Will you give to your magazine, protection in your subscription, suggestions and views in articles, and popularity by talking of it to your friends.

If you do not actively help, then you actively hinder. There are no half measures.

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Coll.)

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uate Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute).

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Breslau, Germany, and Lecturer to St. Jos-
eph's, St. Mary's, Mount Sinai and W. Phila-
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HAY-- FEVER

Will you send it daily a tonic thought of good will, and arouse a mob spirit of enthusiasm for it to help it on its way? You have listened at this convention to valuable suggestions on "How to Reach the Ideal Magazine." Will you not take them to heart? You would not actively hinder—so you must actively help.

In closing, we would most heartily thank all those who have so kindly contributed to its success in the past, and hope many, many more will follow their example in the future.

MINNIE E. CHRISTIE,

Toronto.

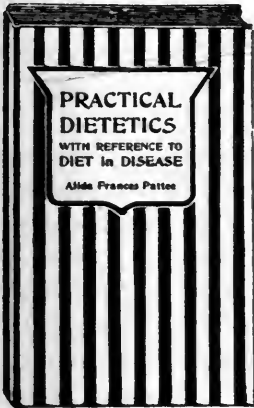
Sec.-Treas., "The Canadian Nurse."

Miss Christie—The President of the Superintendents of Training Schools said that she did not understand our Board. Does she understand it now?

Miss McKenzie—I have received one notice of the Editorial Board. In that case I do not understand the Editorial Board. There is some defect there. I should like to know just exactly where we stand, what part the Editorial Board is supposed to play in notice of meeting, supplying of material. I have never been notified what it meant by my name being put on the Board. The Canadian Nurse does not seem to me a representative magazine. Some effort should be made that nurses in the outside parts should be represented in some tangible, prominent way on this magazine. Probably others have felt the same thing, and I should like some of them to let us hear about this. I am not at all satisfied with "The Canadian Nurse," and there are a great many nurses that are ashamed of it. I think the Canadian Nurses could prepare a better magazine than the one we have to-day. If it were made worth while, the difficulty would be in supplying magazines to the 3,000 nurses. If the nurses felt that the magazine really belonged to them in the Maritime Provinces and in the West, it would be worth while. I am a native of Toronto, and feel that I can criticise as a native of another city could not. I do not think a national magazine should have "Toronto" on the outside page. My craving is to have that magazine a magazine that we should be proud of, that every nurse will be interested in. I have absolutely nothing personal against any individual or any leader, but I do want the magazine to be what it professes to be, a National Magazine.

Miss Crosby—We are glad to have these questions asked, because I feel that a great many have these questions in their minds. It has been from the first the object of the journal to make it representative of the nurses of the Dominion. We have been trying these six years to get the co-operation of the nurses of the Dominion. We sought to establish this co-operation by correspondence. The magazine as it stands shows that we have not succeeded entirely in attaining our object. We are not going to give up until all the nurses co-operate to make it the best magazine possible.

In regard to the Editorial Board, we are trying now to have it composed of one representative from each Association of Trained Nurses in the Dominion of Canada. The duty of that representative is to send items to the journal, to send, when possible, articles to the journal or anything that her Association may wish published in the journal. There is a definite object in appointing our representatives. A great many of these are just names. We do not hear from them. We cannot get answers from them. We want a representative



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The Canadian Nurse
TORONTO

from each Association who will keep her Association in touch with the journal.

As to this word "Toronto" at the top of the first page, we deplore that as much as you do, but that is a regulation of the Postoffice Department and, therefore, had to be. We went to the Department, but were told that that was a regulation of the Postoffice. Of course, we had to let that pass.

Miss McKenzie—When were all these regulations about the composition of the Editorial Board made, and if there is any change, at what meetings will they be made, and how often does the Editorial Board meet, and how is it that other members of the Editorial Board have not been notified for these years?

Miss Crosby—Until recently we were not as business-like as we should have been. A great deal of the work was left entirely to the Editor, Dr. McMurchy. The Board, as now constituted, will meet annually. All the members will have the privilege of attending the meeting. All the business from time to time is attended to by the Board of Directors, but all the members of the Editorial Board will be notified of the annual meeting.

Mrs. Fournier—I should like to have some light upon the Board of Directors. I have held that same position on the American Journal of Nurses as collaborator. The Board wrote me, asking me for material, and I did what I could for Indiana. Personally, I know that Indiana became immediately interested in the Journal, and a great many new subscribers were added.

Miss Scott—Perhaps if you read the Act of Incorporation it would throw some light on the subject.

Miss Crosby—I am sorry we cannot comply with that request. We have not brought a copy of the Act.

Miss Phillips—I have tried my best. I know there are a great many in Montreal who do not take it. One nurse who reports calls me up and asks for material to send to Toronto. Sometimes they think things too unimportant to send. Most of the active members do take it.

Miss Crosby—We so often cannot get any response from the nurses of the different Associations to whom we write. It is not our fault that the news is local in character. This will show you why the journal fails in this way, and we ask your co-operation in the future to make the journal better each month. We will expect from all the different centres represented here prompt replies to the requests of the Editor for news and for articles. We want all the Associations to co-operate, and not until all do co-operate in this way can we bring the journal up to what we would like it to be.

THE PRIVATE NURSE.

The Private Nurse of to-day should merit a much higher standard in the eyes of the public than is awarded her, and yet we must not malign the public too severely in their criticism of the nurse. I am speaking now of the Professional Trained Nurse. In regard to her obligations to her patients, and her patients' family, the nurse should be held in their strictest confidence, not only personal but general. To be able to accomplish this successfully, she must be capable of meeting and overlooking the deficiencies in the make-up of many

“scientific pharmacy is the result of thought, care, expense and time.

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A physician exercising his diagnostic skill is entitled to a remedy which is the outgrowth of scientific pharmacy.

In inflammatory diseases more so than in any other, the desideratum is prompt and immediate action in order to inhibit septic progression.

Such results, however, are only obtainable with a remedy which is at all times uniform in its effect and certain in its action.

Antiphlogistine is such a product, wherein is concentrated every effort to produce a remedy in which the profession can place its confidence.

That they have so responded is proven by its extensive employment in every kind of inflammation where hot moist heat is tantamount to a cure.”

homes even of to-day. All homes where illness invades have not modern conveniences, which, of course, makes the duty of the nurse more strenuous, but these items are to be overlooked, and her experience, tact and training are here brought into play.

All trained nurses have not come from modernly equipped homes, with every needful comfort at their finger-tips. Then why do they refuse to care for patients in private homes which lack these comforts? It is true, nevertheless, some of our profession actually refuse to take charge of patients unless they have convenient homes.

It is the greatest possible mistake ever made, and must be overcome. A true nurse will surely understand that those who are extremely ill and can barely afford the care of a trained nurse are the very backbone of the human race, and should have the greatest possible attention.

In hospitals there is no distinction made regarding the financial standing of the patient. All get their limited amount of attention from the ward and floor nurses, then why exact a distinction when the training is complete and we look to the public for practice. It seems it is either the very wealthy or the extremely poor who demand the attention of our profession.

The wealthy easily afford the extravagance of a trained nurse, and the poor are sent to the hospital and depend on the community for assistance.

Again the congeniality of the "White-Capped Angels of Mercy" is questioned. Mothers have said to doctors, who have insisted upon engaging the services of a trained nurse to take care of his patient, "Well, I hope when the nurse enters at the front door my maid won't leave at the back door." That expression, I take it, is a great insult to our profession, and yet it is really deserved in some cases.

One of our profession is sent to a well-established home, and the routine of the home is not inconvenienced whatever, simply because this nurse understands her work, has appreciated her home and hospital training, is unselfish and knows her place. It is a pleasure as well as a comfort to have her in the home.

Another of our profession is sent to another of the same well-established homes and chaos reigns. A miniature drug store is telephoned for, a complete revolution of household routine is engaged in, the maid in the kitchen is enraged that her domain is upset by soiled dishes being left there in the middle of the afternoon or late at night. Then the nurse insists on taking her constitutional at the most inopportune time, upsetting some plan arranged by the mistress.

What is the difference?

Selfishness and lack of tact. Let your inventive mind overcome lack of numerous articles you think you must have, treat the maid with respect, not familiarity, try to arrange your plans to accommodate those who have to relieve you. Remember that sickness in the home is causing enough worry without the petty shortcomings of the nurse; because you are there in compliance with a doctor's order, and at the salary given you by the patient, so it might be

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subject published."

SEE OUR PEMUUM OFFER
PAGE 377

compliment to the household to employ you. Maybe it is a compliment to you to have the household tolerate you.

Let each nurse ask herself what is her greatest fault, and then talk it over with herself, make up her mind to overcome it, and so follow in the beloved footsteps of the Glorious Florence Nightingale, whose thoughts of self were meagre, but of others a thousandfold.

E. MAYSIE ROSS,

293 Princess Ave., London, Ont.

Appointment of Auditors.

Moved by Miss Christie, seconded by Miss Wardell, that it be left to the Executive. Carried.

Moved by Miss DeVellin, that Miss Jamieson be re-elected as our representative on "The Canadian Nurse Editorial Board." Carried.

Moved by Miss Christie, seconded by Miss Ewing, that a vote of thanks be sent for their expression of sympathy and greeting to the Canadian Association of Nurses in Montreal, to be conveyed by Miss Phillips. Carried.

Miss DeVellin moved a vote of thanks to Miss Rodgers, Mr. Grier, the members of the Women's Hospital Auxiliary and the Medical Association of Niagara Falls for the very delightful hospitality extended to the Association and for all that has made our visit to Niagara Falls so very pleasant and memorable.

Moved by Miss Wardell, seconded by Miss Christie, that the place of meeting of this Association be left to the Executive Committee for decision. Carried.

Moved by Miss Ewing, seconded by Miss DeVellin, that meeting be adjourned.

PUBLISHER'S NOTE

For over ten years the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers its course of instruction in Mechano-Therapy to the nursing profession. From small beginnings the school has grown to be one of the foremost in this country, and has more than seven hundred graduates in all parts of the United States and Canada. The facilities to teach this branch of Medicine are unsurpassed. The equipment is the very best to enable the pupil to become familiar with all the various forms of mechanical treatments. The instruction is theoretical and practical. Lectures, Quizzes and Lantern-Slide Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro-Therapy and Electricity, by Members of the Staff and invited Physicians accompany the practical class-room instruction and the clinical experience on our dispensary patients. Pupils are required to attend regularly several of the largest hospital clinics in the city. The School's Diploma is given at the end of the course upon satisfactorily passing the final examinations. Though the School does not guarantee any positions after graduation, we have placed several hundred of our graduates in well-paying positions. For full particulars and illustrated prospectus, write to the Institute.

Dr. Mallet says that in so far as the caffeine contents of Coca-Cola is concerned that it contains less caffeine than does the average cup of coffee or the average glass of tea.

Black Tea: 1 cupful thereof containing 5 fluid ounces contains 1.54 grains of caffeine.

Green Tea: 1 glassful of 8 fluid ounces, contains 2.02 grains of caffeine.

Coffee With Hot Milk: 1 cupful of 5 fluid ounces, three-fifths coffee, two-fifths milk, contains 2.60 grains of caffeine.

Black Coffee: 1 cup after-dinner coffee of two fluid ounces contains 1.74 grains of caffeine.

Coca-Cola Syrup: 1 fluid ounce contains 1.21 grains of caffeine.

Dr. Mallet further testified as to his experience with caffeine containing beverages, and we quote word for word from the evidence:

"Q. What experience have you had with the use of caffeine-containing beverages?

"A. I have had my own experience and general observation of others who use it, but my attention was particularly directed to it during the Civil War as given to or of necessity withheld from troops.

"Q. Have you had any particular experience in the use of coffee yourself?

"A. Yes, the ordinary, individual use.

"Q. What quantity and how long?

"A. You mean continuously?

"Q. Yes.

"A. I have generally taken from one to two cups a day.

"Q. For how long?

"A. Oh, for a great many years—forty or fifty years.

"Q. Did you notice the use of it during the time you speak of, during the Civil War period?

"A. Yes.

"Q. What was your observation of the use of coffee during that time?

"A. Well, sir, the general result of my observation is that the use of caffeine, or beverages containing caffeine, in moderation is not only not harmful but absolutely beneficial—some times very markedly so; and then, on the other hand, the excessive use of caffeine may undoubtedly give rise to disorders and a certain amount of disturbance to health.

"Q. Doctor, in your opinion is caffeine habit-forming?

"A. No, sir, not in the correct use of the expression "habit-forming."

"Q. I wish you would explain what you mean by the correct use of the expression "habit-forming?"

"A. In the first place, I think the habit formed must be a detrimental one and an injurious one, and in the second place, one which becomes so firmly fixed upon a person acquiring it that it is thrown off with great difficulty and with considerable suffering, and in the third place, that the continued exercise of the habit increases the demand for the habit-forming drug; and caffeine is not a habit-forming drug in that sense."

The remaining part of his testimony was, going into detail in regard to the expert analysis of Coca-Cola syrup and the technical way in which these analyses were carried out.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, AUGUST, 1911

No. 8

The Triennial Meeting of the Canadian National Association of Trained Nurses

The Triennial Meeting of the Canadian National Association of Trained Nurses was held at Niagara Falls, Ontario, on May 22nd, 1911. The President, Miss Mary A. Snively, late Superintendent of the Toronto General Hospital Training School for Nurses, occupied the chair. The Association much regretted the absence of the Honorary Secretary, Miss F. Madeline Shaw, through ill-health. Miss Jeannette Neilson, Toronto, was appointed Secretary of the meeting. The President then called upon Rev. Mr. Barber, who opened the meeting with prayer. The President in a few well chosen words explained the object of the meeting.

ADDRESS OF THE PRESIDENT, MISS MARY A. SNIVELY.

In welcoming you to the first Triennial Convention of the Canadian National Association of Trained Nurses it seems fitting that we should all seek inspiration for the work we have happily been called upon to perform by remembering that we are convened on historic ground—ground hallowed by the blood of our heroic ancestors, as well as by that of the brave and devoted soldiers of our sister nation.

The scene of the battle of Lundy's Lane is marked by the little church and graveyard in the near vicinity of our place of meeting, in which many a Canadian and American hero now sleeps. In paying this tribute to the honored memory of the brave and loyal men who died at the post of duty one hundred years ago, we do well to consider that in the particular field of work in whose interests we are gathered, the same qualities are requisite for success, viz., self-sacrifice or self-forgetfulness, loyalty to duty and heroism, as those which characterized the brave soldiers of the War of 1812.

"Therefore, though few may praise, or help, or heed us,

Let us work on with head or heart or hand,

For that we know that future ages need us.

And we must help our time to take its stand."

Wendell Phillips once said, "If you will only multiply the smallest force by time enough, it will equal the greatest; so it is with the slow intellectual movement of the masses. It can scarcely be seen, but is a constant movement. It is the shadow on the dial—never still, though never seen to move. It is the tide—it is the ocean, gaining on the proudest bulwarks that human art or strength can build. It may be defied for a moment, but in the end it always triumphs."

The Provisional Society of the Canadian National Association of Trained Nurses had its birth in Ottawa, the Capital City of our fair Dominion, in October, 1908, and the following year was admitted to membership or affiliated with the International Council of Nurses at its Quinquennial Congress, held in London, England, in July, 1909.

Territorially, Canada is the largest country embraced in the International Society, although in its nursing population it is far outnumbered by very much smaller countries. Nevertheless, great honor and prestige have already been conferred upon the Canadian National Association.

The International Congress, previously mentioned, was attended by about twenty-five Canadian Delegates, the greater number of whom were privileged to take part in the ceremony at Frogmore, when, through the gracious permission of his late Majesty, King Edward VII, this Association was permitted to place a floral offering on the tomb of her late Majesty, Queen Victoria, in token of their loyal devotion to the honored memory of the greatest of English Sovereigns.

And afterwards, when in compliance with Royal requirements on such occasions, an illuminated copy of your President's address was forwarded to his late Majesty, he graciously expressed his pleasure, not only in granting such permission, but also his approval of the wording of the address.

Before its close this Convention will be called upon to decide what disposition shall be made of the duplicate copy of the illuminated address and photograph of wreath, now in safekeeping at the Toronto General Hospital, although the property of this Association.

It will also be necessary for this Convention to determine how it proposes to deal with the request of the Matron's Council of Great Britain and Ireland, who have expressed a desire that annually a bound copy of the *Canadian Nurse* be presented to them by this Association. Both of these questions lead naturally to the consideration of some plan for a suitable room for storing such valuable, historic possessions, and also of the advisability of commencing to collect a Reference Library for the use of present day and future generations of nurses. The last year has been memorable in the history of nursing in that we have been called upon to mourn the death of the founder of trained nursing, Florence Nightingale, and also of two eminent nurses of a later period, Isabel Hampton Robb and Isla Stewart, whose lives were conspicuous in their respective countries for their untiring effort and devotion to the cause of higher educational standards among nurses. Verily "They rest from their labors and their works do follow them."

"Gather some profit to thy soul
Wheresoever thou art; so that if thou
Seest or hearest of any good examples
Thou stir up thyself to the imitation thereof."

—Thomas à Kempis

Of Florence Nightingale, Miss Dock writes, "Once again the ever wonderful story of her life has been told in many languages, and nurses of all countries reminded in unvarying tones of gratitude and veneration of the debt they owe to her. This debt can be best paid by working as she did for the uplift and advantage of posterity, each one doing what she can according to her gifts."

May I quote a few lines from one of Florence Nightingale's letters to nurses.

"The first thing a district nurse has to do is to nurse. It is the nursing, the giving ease and comfort (physical) to the patients which gives her influ-

ence. They feel their poor bodies relieved by her and this gives the entree to the patients' hearts. Always keep up the honor of this profession. May I say our heavenly Father thanks you for what you do. 'Lift high the royal banner, it shall not suffer loss.' The royal banner of nursing. It should gain through every one of you.

"The old Romans were in some respects, I think, superior to us. But they had no idea of being good to the sick and weak. That came in with Christianity. Christ was the author of our profession. We honor Christ when we are good nurses, and we dishonor Him when we do not do our best to relieve suffering. Kindness to sick man, woman and child came in with Christ, now all is different. 'My soul doth magnify the Lord and my spirit hath rejoiced in God my Saviour.'

"The nineteenth century (there was a tradition) was to be the century of women. How true that legendary prophecy has been. Woman was the home drudge, now she is the teacher."

May the mantle of this noble woman fall and remain upon each and every one who seeks to perpetuate her work.

The reports which will be presented for your consideration, together with what we learn from various publications, enable us to comprehend how rapidly Canadian nurses are awakening to a realization of their privileges and obligations in the matter of organization, registration and affiliation, to say nothing of the activity manifested in all of our larger cities and towns in all the various branches of social service for which the education and training of nurses makes them peculiarly adapted. Although we are many years behind the mother country in all matters pertaining to social service, and still further behind our American sisters in State recognition and registration, we are conscious of a change of attitude not only among nurses but also on the part of the general public.

Given unity among nurses, and a thoroughly intelligent understanding on their part of all that registration involves, together with the sympathy and co-operation of an enlightened public, and the cause of registration cannot fail of accomplishment in the near future in our fair Dominion.

Meantime there is much to occupy the mind and heart of every trained nurse. Associations for social and moral reform, mental and physical hygiene and many other kindred organizations, to say nothing of magazine articles on such subjects as "The Cost of Disease" all emphasize the fact that our hospital training is merely the beginning of our professional life.

In many and various ways, as teachers, advisers or demonstrators in the home, present day nurses assist in promulgating the great principles underlying good health, as well as in seeking to aid those who are suffering from disease, thus becoming potent factors for good in the development of the nation.

Who among us would attempt to estimate the sum total of good to the human race resulting from the life of that great and noble nurse, Florence Nightingale?

This being true, what shall be said of the infinite possibilities for the uplift of our people, and how great may be the work accomplished by this National Association of Trained Nurses, if we reckon it our duty and high privilege not only to nurse the sick but take advantage of every opportunity to instill and inculcate by precept and example the great principles underlying right living or the conservation of health; carry these principles into the homes of all who live in our great and rapidly growing cities, to the hardy inhabitants on our Atlantic and Pacific seaboards, and to our native and foreign population resident throughout the vast stretch of territory lying between the two great oceans?

That great and good man, Phillips Brooks, once said, "We are our best when we try to be it not for ourselves alone, but for our brethren; and we take God's gifts most completely when we realize that He sends them to us for the benefit of other men, who stand beyond us needing them."

Miss R. Stewart, Superintendent of the Toronto General Hospital Training School for Nurses, read the report of the Secretary and the Treasurer, both of which were adopted.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES (Provisional Organization.)

REPORT OF THE SECRETARY.

For the years 1908-1911 (October, 1908—May, 1911).

Madame President. Delegates of the Affiliated Societies:

During the time that has elapsed since the formation at Ottawa, October 8th, 1908, of the Provisional Organization of a National Association of Trained Nurses, twenty-one societies have become affiliated as members of this Provisional Association. These twenty-one societies are divided as follows:—One society of training school superintendents, two provincial associations of graduate nurses, six city associations of graduate nurses and twelve nurses' training school alumnae associations.

The names of these Associations are:—

The Canadian Society of Superintendents of Training Schools for Nurses.

The Ontario (provincial) Graduate Nurses' Association.

The Manitoba (provincial) Graduate Nurses' Association.

Montreal—The Canadian Nurses' Association.

Ottawa—The Ottawa Graduate Nurses' Association.

Vancouver—The Vancouver Graduate Nurses' Association.

Victoria—The Victoria Trained Nurses' Club.

Calgary—The Calgary Graduate Nurses' Association.

Edmonton—The Edmonton Graduate Nurses' Association.

Toronto—Toronto General Hospital Alumnae Association.

Toronto—Grace Hospital Alumnae Association.

Toronto—Hospital for Sick Children Alumnae Association.

Toronto—St. Michael's Hospital Alumnae Association.

Toronto—Riverdale Hospital Alumnae Association.

Montreal—Montreal General Hospital Alumnae Association.

Montreal—Royal Victoria Hospital Alumnae Association.

Kingston—Kingston General Hospital Alumnae Association.

Hamilton—Hamilton City Hospital Alumnae Association.

Galt—Galt Hospital Alumnae Association.

Collingwood—General and Marine Hospital Alumnae Association.

St. Catharines—General and Marine Hospital Alumnae Association.

ARMY NURSING RESERVE.

In the spring of 1909 the following delegates were appointed to represent, with our President, the Canadian National Organization at the meeting of the International Council to be held in London in July of that year:—Miss Brent, Superintendent of the Hospital for Sick Children, Toronto; Miss Scott, Superintendent of Nurses, Grace Hospital, Toronto; Miss Baikie, President of the Canadian Nurses' Association, Montreal, and Miss Tedford, nurse in charge operating theatres, Montreal General Hospital. As the secretary of the Canadian National Association was unable to attend the international meetings Miss Tedford was appointed acting secretary.

A letter was sent out at this time (spring, 1909) to the secretary of each of the affiliated societies notifying them of the International Congress of Nurses to be held in London, July 19th to July 24th, and urging all nurses who could possibly do so to attend this Congress.

See Miss Tedford's report for account of the Congress.

Early in May, 1910, a letter of notification was sent out to the affiliated societies to the effect that a public meeting would be held in Toronto on May 25th in the interests of Army Nursing Reserve and requesting each society to send a delegate to this meeting.

In March, 1911, copies of a questionnaire on preliminary training, prepared by the International Committee on Education, were sent out by the secretary to twenty-six training schools for nurses. To date (May 15th) replies have been received from thirteen. Some of these suggest confusion between the terms "period of probation" and "preliminary course." It is hoped that more replies may be sent in and that in replying the distinction between these terms may be carefully considered. In concluding, the secretary wishes to express her regret for the delay and inconvenience that her frequent changes of address have caused the President and others and to beg that she may be notified of any omissions in this report which might be due to mail matter having gone astray.

Respectfully submitted,

F. MADELINE SHAW,
Secretary.

REPORT OF THE TREASURER

For the years 1908-1911 (October, 1908—May, 1911).

Twenty-one societies having joined the national organization there has been received in initiation fees from these affiliated societies the sum of one hundred and five dollars. In some instances the fee was sent in the form of a cheque, in one or two cases only the amount of discount (fifteen cents) being added. Through the kindness of a friend, a bank official, your treasurer has been enabled to cash these cheques at par, but she thinks it well to call attention to this point, as in the future the treasurer might not be able to arrange this. Therefore fees should be sent in the form of a postal or express order. The amount of expenditure has been forty-seven dollars and seventy cents, leaving a balance of fifty-nine dollars and eighty-six cents in the savings bank branch of the Bank of Montreal at Montreal. The balance sheet gives the details of expenditure, the largest item of which has been the printer's bills for the necessary forms, stationery, notices, etc.; a good supply remains on hand.

Respectfully submitted,

F. MADELINE SHAW,
Treasurer.

May 11th, 1911.

BALANCE SHEET.

RECEIPTS.

October, 1908, to May, 1911.

Amount of affiliation fees from twenty societies.....	\$100.00
Amount of affiliation fee from one society.....	5.10
Total amount received	\$105.10
Interest on bank deposits, October, 1908, to May, 1911.....	2.46
Total	107.56

EXPENDITURE.

1908—October, November, December.

Discount on cheque	\$.15
E. M. Renaup, record and account book...s.....	1.50
Wm. Tyrrel & Co., noteheads, envelopes, by-laws.....	9.75
Affiliation fee, International Council of Nurses.....	10.00

1909—January, May.

E. M. Renaup, receipt and bill forms.....	3.50
Wm. Briggs, printing	6.50

1910—May.

Wm. Tyrell, printing	3.80
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October, 1908, to May, 1911.

Stamps	12.00
Express50

Total expenditure	\$47.70
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BALANCE.

Receipts, total amount	\$107.56
Expenditure, total amount	47.70

Balance	59.86
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Amount on deposit in bank.....	\$59.86
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F. MADELINE SHAW,

Treasurer.

Miss Stewart read the report, prepared by Miss Tedford, of the meeting of the International Council of Nurses held in London, England, in July, 1909.

REPORT OF INTERNATIONAL COUNCIL OF NURSES.

Madame President and Ladies:

I have the honour to present the report of the second quinquennial meeting of the International Council of Nurses, which was held at the Church House, Westminster, London, England, 19th July, 1909. Presidents, delegates or representatives were there from the National Councils of Great Britain and Ireland, the United States of America, Germany, Holland, Finland, Denmark, Canada, Sweden, Switzerland, Australia, Tasmania, Belgium, Cuba, France and Japan.

While the large audience was assembling we had the pleasure of listening to an organ recital by Mr. Viner, who played the national anthems of the various countries.

The address of welcome was given by Mrs. Bedford Fenwick.

Reports of Federated Councils were presented for Great Britain by Miss Isla Stewart, for Germany by Fraulein Agnes Karl, and for the United States by Miss Goodrich.

The American delegates presented beautiful bouquets to Mrs. Bedford Fenwick and Miss Isla Stewart, and tendered an official invitation to them to become honorary members of the American Federation. Miss Stewart then presented a bouquet to Miss Goodrich, and the national anthems of America and England were sung.

Mrs. Garrett Fawcett conveyed the greetings of the International Woman's Suffrage Alliance. The Presidents of the incoming Associations were severally presented and welcomed, each being presented with a bouquet, and

the organist playing the national anthem of the country as the President was received.

The National Councils from Holland, Finland, Denmark and Canada were formally admitted. Each President presented her report. Miss Snively said, "In presenting this report of the status of nursing education in Canada, the facts are gleaned from the reports of seventy schools, ranging in size from 10 to 100 pupils, and stretching from the Atlantic to the Pacific coasts. Although nurse training schools in Canada are few compared with those of more densely populated countries, nevertheless, as most of the Superintendents of the schools have received their nursing education either in the large hospitals in Canada or in the United States, a large percentage are being conducted on modern lines. Many of the larger schools have provided substantial scholarships and prizes, and teaching by demonstration and bedside or clinical instruction obtains in most of the best schools.

The school nurse has begun her beneficent work in Canada. The district nurse becomes more indispensable each year. Social relief and tuberculosis work are actively carried on. Canada has its nursing journal, and there is a very progressive Canadian Nurses' Association. Canada has made three unsuccessful efforts to secure registration of trained nurses. She is not discouraged, but hopes that the not too far distant future may bring this much desired good."

Miss Huxley, who offered the welcome of the National Council of Nurses to Canada, said that Miss Snively's untiring work in connection with the formation of the Canadian National Society was too well-known to need comment from her. Miss Huxley then presented Miss Snively with a very beautiful bouquet. In expressing her thanks, Miss Snively presented a telling word picture of Canada. The audience rose to its feet while the "Maple Leaf" resounded through the Hall, and so ended a most memorable and unique ceremony.

Sister Agnes Karl was elected President unanimously, and her first act was to propose that greetings should be sent from the Congress to Miss Florence Nightingale. The motion was carried by acclamation.

Miss Dock and Miss Breay were re-elected honorary secretary and honorary treasurer.

The conferences will be held triennially in future, and it was agreed to hold the next Congress at Cologne in 1912.

A resolution in favour of State registration for nurses was carried.

A resolution in favour of the granting of the Parliamentary franchise to women was also carried; but not without dissentients.

Short speeches were delivered on the conditions of nursing in France, Italy, Sweden, Belgium, Japan and Syria. The Council then adjourned.

A delightful luncheon was given at the Gaiety Restaurant at which Mrs. Bedford Fenwick was the hostess to the Presidents and Delegates.

A very enjoyable At-Home was given at St. John's House, where tea and music were enjoyed in the cool quiet rooms and garden.

In the evening Miss Isla Stewart entertained in the Great Hall at St. Bartholomew's. There could scarcely be a more fitting setting than the historic hall.

The International Congress of Nurses opened Tuesday morning, July 20th, Miss Isla Stewart in the chair. She said that she was proud to be able to say that the constitution for the International Council of Nurses had been drawn up at the Matron's House, St. Bartholomew's Hospital.

A paper on the international educational standard for nurses was read by Mrs. Hampton Robb, who said that in many respects the methods and the ways of regarding nursing problems were as foreign to the various delegations as were the actual languages, and that sooner or later we must put

ourselves upon a common nursing basis that would give us a universal nursing language and methods, and in the interests of and protection for the public urged State registration. The Hon. Sydney Holland, chairman of the London Hospital, spoke against State registration for nurses.

Mrs. Fenwick announced that the Lord Chamberlain wished the International Council to be informed of the special interest the King has taken in the visit of its members to Windsor Castle; that the King had written himself instructing that special facilities should be granted, and that his Majesty had specially singled out the Canadian delegates, by permitting them to place upon the tomb of the late Queen Victoria a wreath, bearing an inscription expressing their loyalty and devotion to the Crown.

The afternoon session opened at Caxton Hall and was devoted to the nurse in private practice. The doctor's, nurse's and patient's point of view were given. Dr. D'Arcy Power said that the proper position which ought to be taken by the doctor in any given case was that he was the managing director in a firm, where the other partners have equal rights, but different spheres of action, and he warned the nurse to avoid the ever-present temptation of becoming so absorbed in nursing as to have no interests outside of it.

For the patient, Madame Salvador said the nurse must have gifts of the heart. The gift of love and the intellectual must come to the aid of the moral and educational qualities.

For the nurse, Miss Kent said that the most serious trial of the private nurse was the difficulty of obtaining sufficient sleep, and that it demanded ready judgment, initiative and resourcefulness to be a good private nurse.

School nursing was discussed by a section of the Congress in the smaller hall, and a short but interesting session was held, when the Rev. E. F. Russell gave an address on the care of the body after death. An exhibition of nursing appliances was held at Caxton Hall.

At 4 p.m. the British Journal of Nursing was "At Home" to the Officers and Delegates. Tea was served.

In the evening a very delightful reception was held at the Dore Galleries on Bond Street, where an orchestra played and there were some very fine pictures to be seen.

Wednesday morning the session was opened by Lady Helen Munro Ferguson, who gave a very inspiring address on the Nurse as Citizen, pointing out that the nurse's work was of the utmost importance to the State, for its chief aim is to fit others to become equal to and to make the most of their chances and opportunities, to use her professional skill and that personal influence which she can exercise, whether in hospital or in the private home, under such extraordinarily favourable circumstances, so as to increase the physical and moral efficiency of every human being to whom she ministers.

A paper on the Preparation of the Nurse for Administrative Positions and for Social Service, by Miss Adelaide Nutting, was then read.

The preparation of nurses for the various responsibilities ought not, Miss Nutting said, to be a difficult or costly matter. The scattered and unused opportunities in the household and administrative departments of our hospitals would, if gathered together and welded into a carefully and logically arranged course of study and training, form a valuable part of such a preparation.

Mlle. Chaptal gave an interesting account of work among the poor in Paris.

Interesting papers were read on Floating Hospitals and on the Factory Nurse. Mrs. Bedford Fenwick spoke of nursing in prisons and said she would like to plead for more interest in the subject.

Miss Goodrich gave an account of social service in connection with Bellevue Hospital, illustrated by a very fine chart. Patients after leaving

the hospital are sent to a convalescent home if necessary. Inquiries were made as to whether the children at home were fed and cared for. The provision of legal aid, dietetic and surgical aid, and, above all, loans, was part of the work of the organization.

District nursing and school nursing were also discussed.

Wednesday afternoon, Miss Goodrich, President of the American Federation of Nurses, was in the chair. Papers on the Relations of Nursing and Medicine were read by Miss Mollett and by Dr. Sevestre, who said that the relationship between the doctor and the nurse should be characterized by unity, peace and concord.

A Session on Massage was held in the small hall.

Wednesday afternoon, 600 members of the Congress were most kindly received at a Reception at Dorchester House, the residence of the American Ambassador and Mrs. Whitelaw Reid. The fine marble staircase, beautiful old pictures and works of art were greatly admired, delightful music was heard and refreshments were served.

Wednesday evening a banquet was held at the Gaiety Restaurant. The guests were received by Mrs. Bedford Fenwick. The Presidents, Delegates and over 300 guests were present.

Lord Ampthill presided. The toast of the King was honoured. The toasts of the Presidents were happily proposed by Lord Ampthill and were honoured and responded to.

The occasion was one of the most memorable as also the most enjoyable functions connected with the Congress.

Thursday morning Mrs. Hampton Robb was the President of the Session and the subject discussed was the care of the Insane.

Dr. Robert Jones read a paper, saying that only a little over a hundred years marked the transformation between a recital of prejudice, suspicion, superstition and castigation in the treatment of insanity and the humane and scientific treatment of to-day.

He asserted that all the great public asylums should also be training schools for nurses of both sexes.

A paper on the Modern System of Nursing the Insane was read by Miss Parsons, Baltimore.

Thursday afternoon Miss Isla Stewart, Matron of St. Bartholomew's Hospital, was President of the session. The Hon. R. B. Haldane, Secretary of State for War, gave an address on the Nurse as Patriot. Mr. Haldane, in the course of his speech, said that the nurse was not merely a private individual, but she could be a patriot and bear her part in the defence of the great national interests. The nursing profession was growing to an importance it had never yet had at any period in the history of the world. The work of women in home defence became more important and no army was organized without that element.

Miss Elston, of France, and Fraulein Karl, of Germany, also spoke on the same subject.

On Thursday afternoon the Lord Mayor of London and the Lady Mayoress received over 550 members of the Congress at the historic Mansion House. The Egyptian Hall, where refreshments were served, blazed with gold plate and beautiful banners. Very delightful music was heard and the scene was very animated.

Friday morning the President of the session was Fraulein Agnes Karl, R. N. President of the German Nurses' Association.

Splendid papers were read—the first on Morality in Relation to Health, by the Hon. Albinia Brodriek, and the second on the Need of Education on

Matters of Social Morality, by Miss L. L. Doek. The following resolutions were carried:—

That this meeting recommends to each National Association of Nurses now in membership in the International Council of Nurses that it do appoint in its own country a standing committee on morality and public health and that it plan its work on the following lines:—

1. To learn how and to what extent immorality is affected by national or local laws.

2. To recommend suitable instructive literature to nurses on this topic.

3. To put itself in communication with national societies on moral prophylaxis.

4. To urge more careful teaching on these lines to nurses in hospitals.

Friday afternoon the President of the Session was Miss Snively, President Canadian National Association of Trained Nurses. The Nurse in the Mission Field was the topic. A paper on her preparation was read by Miss Fox, Matron Prince of Wales Hospital, London, in which she pointed out that a good constitution was a necessary foundation for the missionary nurse, and that the training must be of the best, and she must have a love for her work. Miss E. M. Stuart, Medical Missionary, Ispahan, Persia, read a paper on The Practical Sphere of Work.

Many beautiful bouquets were presented during the week. At the close of Friday morning's session, Miss Snively presented a lovely bouquet of carnations of most unique colour to Mrs. Bedford Fenwick, saying that the delegation from the Dominion of Canada desired to express to her their appreciation of her kindness in assisting in the formation of the Canadian National Association of Trained Nurses, and of the splendid work she had done for the nurses of the world.

Mrs. Fenwick, in thanking Miss Snively and the Canadian delegation, said that she was almost overpowered by their beautiful gift and the sentiments which had inspired them in presenting it. The young councils which had now come forward had brought splendid workers to the service of the International Council, and she would watch with interest the progress it was sure to make through their continued efforts.

Miss Baikie, Canada, then presented Mrs. Walter Speneer, the chairman of the Hospitality Committee, with a beautiful bouquet of pink roses.

Mrs. Speneer, in thanking the Canadian delegation, said the success of the Congress was due in a great measure to those who had come such long distances to take part in it.

At the end of Friday afternoon's session Miss Snively was presented with a beautiful bouquet of orchids and lilies of the valley from the Canadian delegation.

The Irish village at the International Imperial Exhibition was thronged on Friday afternoon by about 250 members of the Congress at the kind invitation of the Hon. Albinia Brodriek. A most sumptuous tea was provided, at which many made their first acquaintance with Irish potato cakes.

The guests then adjourned to the concert room, where a programme of Irish songs and dances was enjoyed.

On Saturday afternoon a superb wreath was placed on the tomb of the late Queen Victoria at Frogmore by Miss Snively. The foundation of the wreath was of purple stock fringed with lilies of the valley, decorated with orchids, lilies of the valley, stephanotis, purple iris and the maple leaf. There was an inscription painted in gold on the purple satin ribbon. The fifteen Canadian nurses having surrounded the tomb, Miss Snively said, "By the permission of His Most Gracious Majesty, King Edward the Seventh, it is our exalted privilege this afternoon reverently to stand beside the tomb of the greatest of English monarchs—Victoria, Queen of Great Britain and

Empress of India. As loyal British subjects we recall with pride and satisfaction the grandeur and power of her kingdom, and the wonderful wisdom and progress which characterized her reign over many races and peoples. but, above all these, we delight to remember the womanly gentleness of her character, and that every effort for the alleviation of human suffering found a ready response in her sympathetic nature. • These qualities have forever enthroned Queen Victoria in the hearts of her subjects, not only in England but in her Dominions across the seas. In the name therefore of the Canadian National Association of Trained Nurses, and as their representative, I most loyally and reverently place this tribute of heartfelt homage and undying devotion from the nurses of the Dominion of Canada on the tomb of our late beloved Sovereign, Queen Victoria." After the nurses had viewed the beautiful interior of the mausoleum they visited Windsor Castle and were conducted through the magnificent state apartments and the gardens with their lovely roses.

Many then went to the Eton School Sanatorium, where Miss Tomlinson entertained them to tea in the gardens.

This report is of the sketchiest character of necessity. To relate the busy occurrences of a whole week is an impossibility in such a short time.

We heard, saw and felt a great deal. We heard of the splendid type of nurse required as private nurse, as citizen, as patriot, in social work: as school nurse, as missionary nurse, and of the work to be done in asylums and prisons. We were proud of the profession that could give us such opportunities, and yet at times plunged into depths of discouragement.

We enjoyed much delightful hospitality and were amazed spectators of suffragette interruptions while the Secretary of State for War addressed the nurses.

It was a week that will live long in the memories of all those privileged to attend.

Faithfully submitted,

NORA TEDFORD.

The President then introduced Miss Goodrich, R. N., Inspector of Nurse Training Schools of New York State, who spoke with her usual force and effectiveness. (It is a matter of regret that we cannot report this address verbatim.)

Miss Goodrich paid a tribute to Canadian nurses, with some of whom she had always been associated, as pupil nurse, head nurse and superintendent. Those singled out for special mention were Mrs. Hampton Robb, founder of the Johns Hopkins Training School for Nurses, author of "Nursing Ethics," Miss M. Adelaide Nutting, who had been the one chosen to be the head of the Department for the Higher Education of Nurses when that department was created, and Miss I. M. Stewart, who is doing such splendid work in the Department of Nursing and Health, Teachers' College, Columbia University, New York. Miss Goodrich spoke of the great work nurses may do in the conservation of national health. National efficiency depends upon national health. Nurses can do a great deal for the prevention of infant mortality, tuberculosis and insanity. Prevention was the constant cry of Florence Nightingale.

The President then called upon Mr. Barber, who spoke briefly on the value of the nurses' work. The meeting was adjourned till Thursday morning.

Thursday, May 25th, the Canadian National Association of Trained Nurses met and appointed the following officers for 1911-12:—President, Miss Snively;

First Vice-President, Miss Brent; Secretary, Miss Stewart, Superintendent of Nurses, Toronto General Hospital; Treasurer, Miss F. M. Shaw; Directors—Miss Macfarlane, Vancouver; Miss Wilson, Winnipeg; Miss Gallagher, Vernon, B. C.; Miss Rodgers, Niagara Falls, Ont.; Miss Crosby, Toronto; Miss Greene, Belleville; Miss Molony, Quebec (seven were named in case some one did not wish to act.) The following is the Constitution and By-Laws as adopted by the meeting:—

CONSTITUTION AND BY-LAWS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

CONSTITUTION.

ARTICLE I.—NAME.

The Association shall be known as The Canadian National Association of Trained Nurses.

ARTICLE II.—OBJECTS.

1. The objects of this Association shall be to encourage mutual understanding and unity among Associations of Trained Nurses in the Dominion of Canada.

2. To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education, and promote a high standard of professional honor among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality.

ARTICLE III.—OFFICERS.

The officers of this Association shall be a President, a first and second Vice-President, a Secretary, and a Treasurer.

ARTICLE IV.—MEETINGS.

This Association shall hold an annual meeting at such time and place as may be determined upon by the Association.

BY-LAWS.

ARTICLE I.—ELIGIBILITY.

All Associations of Trained Nurses, Provincial, County, Alumnae or kindred Associations of a national character whose members are graduates from general hospitals requiring not less than two full years' hospital training as a condition of graduation, which training may be obtained in one or more hospitals, shall be eligible for membership.

ARTICLE II.—MEMBERSHIP.

The membership in this Association shall be divided into active, permanent and honorary.

Active members shall be all delegates duly elected to represent affiliated nursing organizations belonging to this Association, together with all officers of the National Association.

Honorary members shall consist only of women who shall have rendered distinguished service in the nursing profession. They shall be elected by open vote at the annual meeting.

Permanent members shall consist of charter members, officers, and delegates who have attended three consecutive meetings of the Association.

ARTICLE III.—ANNUAL MEETING.

The annual meeting of this Association shall include all officers of the Association and delegates from affiliated nursing organizations in such proportion to their numbers as shall be hereinafter specified.

ARTICLE IV.—DUTIES OF OFFICERS.

Section 1. The President shall preside at the annual meeting and appoint all committees not otherwise provided for. She shall be an ex-officio member of all committees.

Sec. 2. The Vice-Presidents shall, according to their rank, in the absence of the President, perform her duties.

Sec. 3. The Secretary shall keep the minutes of the meeting, conduct the correspondence of the Association, and send by mail to the Board of Directors and to the affiliated nursing organizations copies of all such matters as may be deemed necessary. She shall preserve all papers, letters and unpublished transactions of this Association.

Sec. 4. The Treasurer shall collect and have charge of all funds of this Association. She shall deposit such funds in a bank of good credit, shall make all her payments by cheque and shall pay such bills only as shall have been approved by the President. She shall submit her reports and accounts annually to the auditors and shall report to the Board of Directors whenever requested to do so, the financial standing of the Association.

ARTICLE V.—BOARD OF DIRECTORS.

Section 1. The Board of Directors shall be composed of the President, Vice-Presidents, Secretary, Treasurer, and six others, who shall be elected at each meeting of the Association.

Sec. 2. The Board of Directors shall be the Executive Committee, who shall convene at the call of the President, three of whom shall form a quorum.

ARTICLE VI.—REPRESENTATION OF MEMBERS.

Section 1. Active members shall be duly elected delegates from affiliated nursing organizations. They shall be entitled to vote at the annual meetings. They shall be eligible for office.

Sec. 2. Each affiliated Association composed of ten members or less shall be entitled to one delegate, each affiliated Association composed of eleven to twenty members, two delegates, and for each additional ten members one additional delegate, but no Association shall have more than five representatives at the annual meeting.

Sec. 3. All nurses in good standing in affiliated organizations may attend all general sessions of this Association, but shall not be entitled to vote or hold office.

ARTICLE VII.—ELECTIONS.

Section 1. The officers and members of Board of Directors shall be elected annually by ballot.

Sec. 2. A majority vote of those entitled to vote and voting shall constitute an election.

Sec. 3. On the first day of the convention the President shall appoint two scrutineers, who shall report the results of the election to the Association.

Sec. 4. The Secretary shall furnish the chairman of the scrutineers not less than two hours before the opening of the polls a list of the officers, Presidents of Provincial Associations, delegates, etc., entitled to vote, the names of kindred organizations, the number of delegates present and number of votes to which each Association is entitled.

Sec. 5. The Scrutineer shall place her official mark upon the back of the ballot, and the voters shall then deposit the ballot.

Sec. 6. Each officer shall hold office until the adjournment of the convention following that of her election.

Sec. 7. In case of a vacancy in any office the President shall appoint a member to serve until her successor is elected.

Sec. 8. Delegates from affiliated Associations before registering shall present a card signed by the President of the organization they represent.

ARTICLE VIII.—ORGANIZATIONS.

A Nursing Organization shall become affiliated with this Association by making application on a blank form furnished by the Association, and the payment of initiation dues of five dollars. Its Secretary shall send annually a copy of its constitution and by-laws with the names of its officers and members, to the Secretary of this Association. It may thereafter be represented at the annual meeting by sending delegates, one of whom may be its President.

ARTICLE IX.—STANDING COMMITTEES.

Section 1. The standing committees shall be as follows, appointed by the Board of Directors:—

- (a) Arrangements.
- (b) Publications.
- (c) Eligibility.
- (d) Programme.

Sec. 2. The Committee on Arrangements shall consist of not less than five. The chairman of this committee shall be a resident of the city in which the annual meeting is to be held.

Sec. 3. The Publication Committee shall consist of **three** members, one of whom shall be the Secretary.

Sec. 4. The Eligibility Committee shall consist of **three** members, who shall investigate the eligibility of all nursing organizations **applying** for membership in this Association. It shall report its findings to **the Executive Committee**, whose decision as to eligibility shall be final.

Sec. 5. The Programme Committee shall consist of five members; it shall prepare and arrange for papers and discussions for the annual meeting, and in conjunction with the Executive Committee complete the programme for the entire session.

Sec. 6. A majority of any committee shall constitute a quorum.

ARTICLE X.—DUES.

Each affiliated Association shall pay an annual fee of ten cents per capita. Permanent members shall pay an annual fee of one dollar.

ARTICLE XI.—AMENDMENTS.

Section 1. These By-Laws may be amended at any annual meeting of the National Association.

Sec. 2. All proposed amendments shall be in possession of the Secretary at least three months before the date of the annual meeting and shall be printed in the notice calling the meeting.

IMPORTANT.

A third volume of The History of Nursing, Nutting and Dock, is shortly to appear. A chapter will be contributed by every country where trained nursing exists. That upon Canada is being prepared by Mrs. Lyman, late Lady Superintendent of the General Protestant Hospital, Ottawa. Readers of the Canadian Nurse and nurses generally are requested to assist by sending any information regarding training schools, nursing associations, remote districts, statistics regarding nurses in Canada, special work or departments in hospitals or among graduates. Any items of interest should be sent to Mrs. Warren S. Lyman, 292 Somerset Street, Ottawa, Ontario.

The General Hospital, St. John's, Newfoundland, has sustained a severe loss in the death of Sister Victoria (Miss B. Hayes), who passed away at the institution the morning of June 15th. A thoroughly capable and efficient nurse, her gentle, unassuming disposition and bright, cheerful manner endeared her to all with whom she came in contact during her four years of faithful service in the hospital.

TRIBUTE FOR SPLENDID SERVICES RENDERED.

Miss Ethel Johns, who is a graduate of the Winnipeg General Hospital Training School for Nurses and who for several years has been in charge of the X-ray department of the hospital under Dr. Inglis, has, much to the regret of that institution, decided to sever her connection with the hospital and has accepted the position of Lady Superintendent of the McKellar Hospital, Fort William. Miss Johns has been the guest of honor this week at a number of functions. Tuesday evening the staff nurses of the hospital entertained her at a very delightful reception and dance. On Wednesday evening the Alumnae

Association of the Winnipeg General Hospital received on her behalf, and in spite of the terrible storm a large number of guests were present. The special feature of this gathering was the presentation to Miss Johns by the Alumnae Association of a beautiful gold watch suitably engraved. This presentation was made, on behalf of the Association, by Miss Wilson, the Lady Superintendent, who gave a brief but telling sketch of what the Association owed to Miss Johns. She had been the first Editor of the Nurses' Journal got out by the Alumnae, and the brightness of her writing and her boundless enthusiasm had done more than any other factor to make that journal the bond it is to-day between the nurses still actively engaged in the profession and those who had gone into homes of their own. Miss Johns had served them for two years as President and her ability had been equally conspicuous in that position.

Having spoken on behalf of the Association, Miss Wilson added a personal note of regret, saying that she should greatly miss Miss Johns from her staff and the Winnipeg General Hospital would miss her also.

Miss Johns was too much overcome to more than bow her acknowledgments.

OTTAWA GRADUATE NURSES' ASSOCIATION.

The annual meeting was held at the Nurses' Club, Somerset Street, on April 24th, 1911, and the following officers were elected:—President, Mrs. Ballantyne; Vice-President, Mrs. Harris; Treasurer, Miss Kerr; Secretary, Miss Argue; Board of Directors, Mrs. Church, Mrs. Douglass, Miss Maxwell, Miss Catton, Miss Snow.

In October, 1910, the Nurses' Club was formally opened by a reception and household shower, many useful and ornamental articles being received. A large number of guests were present and an enjoyable evening was spent. The club is commodious and very comfortable, there being accommodation for about fifteen nurses. A large reception room is at the disposal of the nurses, where they may entertain friends, hold meetings or spend a quiet hour when off duty.

In February of this year a concert was given in the Russell Theatre, nurses from the different local institutions giving demonstrations in practical work. Miss Mackenzie, General Superintendent of the Victorian Order of Nurses, gave a short talk on the life of Florence Nightingale. A garden party will be held on June 2nd at the Lady Stanley Institute.

THE SCHOOL NURSE

The public schools of Vancouver, B. C., are all supplied with paper towels.

An auxiliary class for backward and mentally deficient children was opened in Vancouver in March, 1911. The class is in charge of Miss A. J. Dauphinee, who trained for this work.

The majority of the schools in Vancouver are fitted with sanitary drinking fountains. In the older schools they are now being installed and by the end of the summer all schools will be equipped.

Miss Wright, graduate of Harper's Hospital, Detroit, has been appointed school nurse in New Westminster, B. C.

Miss Gilchrist, London, Ont., reports that during the months of March and April there were 3,327 inspections made, 93 visits to schools and 95 visits to homes. Six had glasses fitted, six had tonsils and adenoids removed and seven had teeth filled.

"The effect of deep breathing as a mental stimulant is very pronounced. Two minutes' exercise of deep breathing will remove all feelings of sluggishness, provided, of course, that the exercise be taken in a room with the windows open, or, better still, in the open air.

"The mouth is the seat of many of the communicable diseases. For this reason mouth sanitation is important. A clean mouth and sound teeth are big factors in protecting physical health. Oral hygiene, as it is called, is becoming an important and recognized branch of medical school inspection. It is well understood that proper care and attention given to the mouth means that the child will be healthier, better able to assimilate its food, make better progress in its studies and be less liable to attack from the usual epidemic diseases of childhood."—*Bulletin, Department of Health, Chicago.*

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S. W., May 16th, 1911.

The following ladies have received appointments as Staff Nurses:—Miss A. M. Ahern, Miss E. Dearberg.

Transfers to Stations Abroad.

Staff Nurses.

Miss L. A. Burgess, to Gibraltar, from Mil: HP. Devonport.

Miss E. R. Collins, to Egypt, from Mil: HP. Tidworth.

June 19th, 1911.

Transfers to Stations Abroad.

Staff Nurse.

Miss A. Weir, to Malta, from Curragh.

Promotions.

The under-mentioned Staff Nurses to be Sisters:—Miss M. Barton, Miss C. W. Jones.

E. H. BECKER, Matron-in-Chief, Q.A.I.M.N.S.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classie Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jackes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Buck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

OFFICIAL DEPARTMENT.



- Queen Alexandra's Imperial Military Nursing Service.
- The Canadian Permanent Army Medical Service (Nursing Branch).
- The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Mackenzie, Chief Supt. V.O.N., 578 Somerset St., Ottawa; Secretary, Miss Scott, 11 Chincora Ave., Toronto.
- The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Sec.-Treas., Miss F. M. Shaw, Ste. Agathe, Que.
- The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.
- The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.
- The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gauld, 375 Langside St., Winnipeg.
- The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.
- The Graduate Nurses' Association of Ontario.—President Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.
- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.
- The Guild of St. Barnabas for Nurses.
- The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.
- The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.
- The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.
- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 639 Sixth St., Harrison.
- The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave., Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harrison.
- The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.
- The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.
- The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.
- The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.
- The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy. Mrs. W. J. Crothers, Jr., 86 Barrie St.
- The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.
- The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.
- The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.
- The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.
- The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.
- The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 503 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.
- The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec. Miss E. Ross Greene, 418 Sumach St.
- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Penbroke St.; Secretary, Miss O'Mara, 9 Pembroke St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.
- The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.
- The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1240 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.
- The Vancouver General Hospital Alumnae Association.—President, Miss M. Feharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 171 Delaware Ave.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from July)

The official dress of the brethren is a long black gown, secured at the waist by a knotted cord, and a hood called the "buffa" covering the face, with apertures for the eyes. Hood and gown are made of coarse waterproof material, originally red, as represented in an old picture, but now black, as is the large felt hat. The Rosary is always carried in the hand. The "buffa" may be raised in very hot weather or in unfrequented streets, by permission of the "maestro" of the company; but a brother uncovering his face without leave is subject to severe reproof, and possibly dismissal.

Beneath their uniform the brethren wear their ordinary dress, quite concealed by the black gown, so that only by the boots can the social status of the brother be guessed at. Boots are ordered, not shoes, that even the color of socks may not break the uniformity.

The order is a republic in miniature, all classes working together for the common good. The only rank that counts is attainable by all—gained by zeal and faithful conduct, and forfeited only by bad conduct.

(To be Continued)

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, Victoria Avenue, Eglinton; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss L. L. Rogers, 908 Bathurst Street, Toronto; Miss Jean C. Wardell, 171 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss Pringle, 23 Park Road, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 418 Sumach Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

The Treasurer wishes to remind the members of the G. N. A. O. that fees for 1911-12 are now due and respectfully urges that this matter be attended to without delay.

Any suggestions as to appointments to the Council will be gladly received by the Secretary. Send these as early as possible.

The Executive is planning to have a calendar again this year and will have it ready early so as to be in good time for the Christmas sale. Will nurses and Associations please keep this in mind and watch for the announcement.

The Florence Nightingale postcards may be obtained from Miss Ewing, 569 Bathurst Street, Toronto, 5 cents each, six for 25 cents.



**MINUTES OF THE THIRTEENTH ANNUAL MEETING OF THE BOARD
OF GOVERNORS OF THE VICTORIAN ORDER OF
NURSES FOR CANADA.**

(Continued from July)

Mr. Herron, M.P., of Lundbreck, Alta., spoke in favor of the formation of district nursing branches throughout the West.

Lady Borden then moved, seconded by Mrs. Kirchoffer, that Local Associations be constituted at Victoria, B.C., Cobalt, Ont., and Galt, Ont., with the following spheres of operation, respectively—the city of Victoria, the town of Cobalt, and the town of Galt. Carried.

Mr. Courtney then moved, seconded by Mr. Orde, that the reports just read be received and adopted. Carried.

His Excellency offered to have Miss MacKenzie's report copied for distribution among members of the Press Gallery at the House of Commons. This kind proposal was willingly accepted.

Mr. Orde then read a letter containing the judgment of Messrs. Lewis & Smellie in regard to the lawfulness of agreements which might be entered into by any Local Association with any insurance company, in virtue of which industrial policy-holders of said company should have the right, under their policy conditions, to attendance by nurses of the Victorian Order in any such locality, at a fee to be paid by the company, at a rate per visit to be mutually agreed upon by the company and the Local Association concerned.

A copy of this judgment had already been sent to several Local Associations desiring information and guidance on this important issue.

At this point Mr. Orde read a copy of a resolution passed at the recent annual meeting of the Toronto Local Association, strongly condemning any such alliance with an insurance company, as being a departure from the true work of the Victorian Order, and a step derogatory to an institution of its high character.

As the only representative from Toronto present declined to pursue this further, no action was taken in reference to it.

(Continued on Page 434)



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

Several members of the C. N. A. paid a visit to Lachine General Hospital last week, where Miss Baikie, our former President, is Superintendent.

Miss Houghton, who is Assistant Superintendent, leaves shortly to spend some time with her cousin, Dr. Maude Abbott.

Mr. and Mrs. Brodie (nee Miss Helen Fetterley) have returned from Scotland and taken up their residence on St. Luke Street.

Miss Margaret Fortescue, M. G. H., has completed a seven months' course in the Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases, giving Dr. S. Weir Mitchell's certificate. We are glad to have Miss Fortescue with us again.

Montreal is awakening to the fact that something must be done to lessen its infant mortality. Much has already been done. There are over fifteen dispensaries and milk stations operating in the city.

Dr. Blackader and Dr. Pelletier, Professors at McGill and Laval Universities respectively, have been appointed consulting physicians by the Board of Control. They have started a campaign for enlisting the sympathies and service of all physicians in the city.

The Woman's Council have established several stations and Miss Phillips, President of the C. N. A., has undertaken to mix the milk for all these stations, in addition to her duties at the Foundling and Sick Baby Hospital. The Foundling Hospital has had a free milk station in connection with its work for ten years and supplies milk for one hundred babies.

Miss Georgie Colley is spending her holidays at Old Orchard Beach, Maine.

Our Registrar reports a busy month, with no nurses on the Register at the present time.

THE SIXTH ANNUAL REPORT OF THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

Madame Chairman, Members of the Central Registry
of Graduate Nurses, and our Guests:—

In presenting this the Sixth Annual Report I beg leave to mention (as there may be some present who are not aware of the fact) that we have only had charge of the Registry since October 29th, 1910.

The books closed June 1st, 1911, with a membership of 350. Although 144 nurses have joined the Registry since then, we have but 384 on our roll. Many names had to be removed, as we found on enquiry that several members had been married for months, while others were filling hospital positions, and notice of resignation had not been sent in.

Up to date our membership list consists of the following graduates:—Toronto General Hospital, 132; St. Michael's, 45; Grace, 40; Western, 21; Riverdale Isolation, 21; Hospital for Sick Children, 37; St. John's, 3; Dr. Meyer's, 2; Orthopedic, 2; outside Canadian and English nurses, 43; American, 35; male nurses, 3.

The calls for the year totalled 2,657, showing an increase of 843 for the year; personal calls, 708; registry calls, 1,949.

The largest number of calls came in April, with a total of 330. The lowest was in July, with 152.

The financial statement is as follows:—November 1st, 1910, to May 31st, 1911 (seven months).

RECEIPTS.

Balance in bank November 1st, 1910:—

Savings account	\$1,083 09	
Current account	237 98	
	—————	\$1,321 07
Fees collected, seven months.....	\$1,068 90	
Sales of charts and clips, seven months.....	48 96	
Interest, savings account, twelve months.....	30 52	
	—————	1,148 38
		————— \$2,469 45

EXPENDITURE.

Salaries, seven months	\$705 00
Rent, committee room, December meeting.....	3 00
Charts, printing and padding.....	27 00
Telephone service	\$33 00
Extra entry in book	2 00
Long distance tolls	3 00
	————— 38 00

Advertising, Can. Nurse Pub. Co.....	14 56	
Printing, constitutions	\$11 00	
Blank forms	13 00	
		<hr/>
	24 00	
Stationery and office supplies.....	7 80	
Postage	7 95	
Railway Guide, twelve months.....	5 20	
Cartage and messenger	1 00	
Christmas presents— telephone girls and postman.....	4 50	
Charity nursing cases	8 00	
		<hr/>
		846 01

Bank balance, May 31st, 1911:—

Savings account, Bank of Hamilton.....	\$1,413 61
Current account, Dominion Bank.....	209 83
	<hr/>
	\$1,623 44

Transfer from current to savings account during this period..... \$300 00

The amount of overdue fees at this date appears to be \$90.75.

I have examined the vouchers, cheques, bank books, cash book and fee book of the organization, and certify that above statement is in agreement therewith.

(Sgd.) T. W. ELLIS.

June 1st, 1911.

You will notice that within the last few months we have had a large amount of printing done. The committee revised the Constitution, which accounts for it being reprinted. As the graduates of Toronto hospitals require to bring a letter from the Superintendents of their Training School, we have slips printed for that purpose, also a new supply of charts, receipt forms and other office requisites.

Many of our nurses have secured hospital positions, others have gone West to engage in private nursing. Thirteen of our number have been accepted on the School Nursing Staff. It has been mentioned at some of our committee meetings that we should limit the number joining, but as you will readily see that would not be advisable, for our membership is always changing. Nurses, like everyone else, love to travel.

Probably this has been an exceptionally busy winter and spring. Many times we have not been able to supply the demand for nurses. Recently one of our medical men telephoned asking for the list of nurses on call and was amazed at our having so few. He said, "Are the people of Toronto getting wealthier, or are there fewer nurses, or what is the matter that nurses are so scarce?"

We have many calls for nurses from all over Ontario. At the present time one of our number is roughing it in Porcupine (the Golden City). Early in February we were able to send four nurses to the Typhoid Emergency Hospital,

Ottawa. Through illness one had to leave in three weeks, the other three remaining till the epidemic was over and the hospital closed.

To those nurses who have suffered illness personally or in their homes, and to those who have borne the loss of dear ones we extend our sympathy.

During the past months the nurses must often have been annoyed at the Registrar for asking them to take cases when they had not reported for duty. If they but realized how hard it is for me to have to tell a doctor we cannot find a nurse for you, I am sure they would pardon my being so insistent.

To the ladies in charge of the various nurses' homes we extend our sincere thanks for their kindly interest and help at all times.

In January, Miss Kennedy, a valued member of our Committee, left us to take charge of work under the Victorian Order in Victoria, B. C. Her cheerful presence has been greatly missed by us.

In conclusion I would like to offer my thanks to the Registry Committee for their faithful attendance at all meetings, and express my regret at the departure of Miss Fralick, our convener, who carries with her our kindest wishes and warmest interest for her future.

It would seem as if the far West had an attraction for our nurses, as another member of our Committee leaves next week to launch on the sea of matrimony. Her future home will be Kamloops, B. C. We extend hearty congratulations.

All of which is respectfully submitted.

MARGARET EWING.

HOSPITALS AND NURSES.

Miss Rundle, of London, Eng., spent a day or two at the Toronto General Hospital in May as the guest of Miss Stewart. Miss Rundle is the Isla Stewart Scholarship nurse from St. Bartholomew's Hospital, London, Eng., taking the course in Nursing and Health at Teachers' College, New York. Miss Rundle was charmed with her glimpse of Canada and thought that the ivy-covered old hospital seemed like a bit of "Old England."

Miss Snively leaves for Europe in August, where she expects to remain for a year. "The Canadian Nurse" wishes her "bon voyage."

Mr. and Mrs. Arthur Paffard are settled in their new home "Blithewood," Victoria Avenue, Eglinton, and will be very much pleased to see their many friends amongst the nurses at any time.

Miss Davidson has resigned her position as Lady Superintendent of the McKellar Hospital, Fort William. Her resignation takes effect on May 30th.

Miss Baird, who has had charge of the operating room at the Toronto Western Hospital for some time, is leaving shortly for Chicago. Her successor will be Miss Seazel, from Birmingham, Alabama.

Mrs. Yorke has been appointed delegate from the Alumnae of the Toronto Western Hospital to the convention at Niagara Falls.

Miss Bruce, graduate G. and M. Hospital, St. Catharines, has accepted a position as Head Nurse of Surgical Ward, Bellevue Hospital, New York.

Miss E. M. Elliott, Head Nurse at G. and M. Hospital, St. Catharines, has resigned.

Miss Boothe and Miss Moore, graduates of Western Hospital, Toronto, have gone to Portage la Prairie for the summer.

Miss Gilmore, who had charge of the Michel Hospital, B. C., resigned and will take a much needed rest at her home in London, Ont. Miss Gilmore purposes going to Texas, where she has secured a lucrative position. Mrs. G. Clodin has been appointed Matron of the Michel Hospital. The Board is to be congratulated on securing such an able, efficient nurse to take charge of the work there.

Miss Pike, of Calgary, has accepted a position in the Michel Hospital.

Miss Wyatt, of Fernie, has gone to Edmonton and purposes taking up private work there.

Miss McKinney, of Calgary, is doing private work in Fernie, B. C., at the present time.

Miss Ada Law has gone to Stettler again. Miss Law seems to be one of Stettler's favorites.

Miss E. MacKnight, who has been one of the staff nurses in Phoenix, B. C., has been appointed Matron, with two assistants.

Miss Mary M. Shelly, of Quakertown, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged by the Las Encinas Sanatorium, of Pasadena, Cal., for the mechanical department of that institution.

Miss Effie W. Ferris, of Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the department for Mechano-Therapy at the Hannick Sanitarium, Scranton, Pa.

Miss R. Casserly, graduate St. Michael's Hospital, Toronto, has gone to Dr. Mayo's Hospital, Rochester, to take a post-graduate course in surgical work.

Miss Greene and Miss Connor, graduates of St. Michael's Hospital, were among the members noticed at Niagara Falls.

Miss Fitzgerald, graduate of St. Michael's Hospital, has gone to her home at Penetang.

Miss K. Stewart has resigned her position as Matron of the Fernie General Hospital and is taking a post-graduate course in school nursing in Toronto.

Miss Berge, graduate of the H. C. H., Calgary, and Miss Wild, graduate of the Edmonton Public Hospital, are assisting Miss MacKnight in the Phoenix General Hospital.

Miss Erant, graduate Winnipeg General Hospital, has charge of the Fernie General Hospital.

Miss Macdirmid, Matron of the Gault Hospital, Lethbridge, Alta., leaves the end of June.

Miss Dixon, who has had charge of the Stratheona Hospital, has resigned, and in June will take an active part in a most interesting ceremony.

Mr. Edward McDonald, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the Barber Sanitarium and Hospital of Charles-

ton, W. Va., to succeed Mr. Peter Fitzpatrick, also a graduate of the Philadelphia institution.

Miss Annie T. Lowe, of Fall River, Mass., a graduate of the Union Hospital, Fall River, Mass., and also a graduate of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged by the Union Hospital, Fall River, Mass., as instructor in massage to the nurses in training.

Miss Goodhue, Assistant Superintendent of the Royal Victoria Hospital, has just returned from attending the Superintendents' Convention at Niagara, and reports a most delightful time, with most interesting and instructive meetings.

Miss Alma Snipes, of the Georgia State Sanitarium, Milledgeville, Georgia, has been sent by the State Sanitarium to Philadelphia to take the courses in Massage, Medical and Orthopædic Gymnastics and Hydro-Therapy at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., with the purpose after graduation to take charge of the mechanical department at the State Sanitarium and to teach the nurses in training in those branches.

Miss Ethel Bailey, of Montreal, Canada, a graduate of the Women's Hospital, Montreal, and also of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been requested to give a course in the Swedish system of Massage and Hydro-Therapy to the nurses in training at the Royal Victoria Hospital and has returned to the Pennsylvania Orthopædic Institute for post-graduate work before resuming her new duties. The instruction was previously given by Miss Sophia Blackwell, also a graduate of the Pennsylvania Orthopædic Institute.

Miss H. Baynes (V. G. H.) Night Superintendent of the Vancouver General Hospital, left Vancouver on May 18th for a visit to the Old Country.

Miss Rose (V. G. H.), who has been spending the winter in California, has returned to Vancouver.

At the May meeting of the Vancouver Graduate Nurses' Association, Miss Archibald, graduate of the Victoria General Hospital, Nova Scotia, was appointed Registrar in place of Mrs. Fraser, who resigned. Mrs. Fraser has held the office of Registrar for eighteen months, and has done a great deal towards the building up of a successful Registry. Miss Archibald will take charge July 1st and will also superintend the Nurses' Club.

The annual meeting of the Montreal General Hospital Alumnae Association was held in the Nurses' Home, M. G. H., on April 23rd. The following officers were elected for the coming year:—President, Miss Ethel Brown, 26 Melbourne Avenue; First Vice-President, Miss Cowen; Second Vice-President, Miss Sarr; Recording Secretary, Miss McLeod; Corresponding Secretary, Miss Lee; Treasurer, Miss Tedford. Executive Committee—Miss Maude Brock, Miss Cooper, Miss Jean Wilson, Miss Watling, Miss Young. Registry Committee—Miss Louise Stewart (chairman), Miss K. H. Brock, Miss Nichol. Registrar, Miss M. Vernon Young. Representative of The Canadian Nurse, Miss M. Vernon Young.

The marriage of Miss Isabel Nichol M. G. H., '08, youngest daughter of Dr. J. C. Nichol, Montreal, to Mr. James Johnston, son of Mrs. James Johnston,

St. Mark Street, Montreal, took place on April 13th, 1911, at St. John's Wood Presbyterian Church, London, England. After a short honeymoon in France Mr. and Mrs. Johnston will return to Montreal early in May to reside.

Miss K. H. Brock has accepted the position of "nurse in charge" of the "K" private wards at the Montreal General Hospital.

Miss Evelyn Howard, M. G. H., '05, leaves shortly for a trip to England.

Miss Evelyn Perchand, M. G. H., '05, has returned from a delightful trip to Jamaica.

The address of the M. G. H. A. A. Register has changed from 36 Sherbrooke Street West to Apartment 1, The Poinciana, 56 Sherbrooke Street West.

The corner-stone of the new General Hospital, Chilliwack, B. C., was laid by Hon. Dr. Young, head of the Department of Public Health for the Province. "The Feast of Nations," in aid of the hospital, was also opened on the same day by Hon. Dr. Young.

At the last meeting of the Alumnae Association of the Royal Victoria Hospital deep regret was expressed by all the members at the death of Dr. James Bell, which came as a shock to all who knew him. He had been so identified with the hospital and so familiar to all of the nurses during their training and work since then, that his loss will be irreparable to them as well as to the hospital, the city and in fact the whole country, for patients came from far and near to obtain the benefit of his great skill; surely, "A mighty man is fallen." A resolution of sympathy was sent to Mrs. Bell. The Alumnae Association closes a very prosperous year and will begin its meetings again in October.

In March the following nurses graduated from the Kootenay Lake General Hospital Training School:—Misses P. Baxter, Stellarton, N. S.; M. A. Harrison, Claresholm, Alberta; C. M. McKenzie, Phoenix, B. C. Miss Harrison has accepted a position as staff nurse of the Royal Inland Hospital, Kamloops, B. C. Miss C. C. Scott, class '10, has also joined the staff of that institution. Miss Baxter has been appointed head nurse of the maternity building, Kootenay Lake General Hospital. Miss McKenzie is doing private work in Nelson.

The third annual dance of the Victoria Nurses' Club was held in the new Alexandra (Woman's) Club building on Tuesday evening, May 16th. The ballroom presented a very pretty appearance. Under the high windows and against the white walls was draped pale blue silk sashes; at every place the sash was caught up, a wreath of pink and white flowers and ferns was rung. The walls were intersected with long bevelled mirrors. The whole effect was of a Louis XV. ballroom. The table in the supper room looked very dainty, decorated with apple blossoms and pink carnations and laden with good things. Miss Goward, Miss Hardie, Miss Turner, Miss Saunders and Miss Tolmie were the Supper Committee. Miss Clark, President of the Reception Committee, was assisted by Miss McNaughton-Jones, Miss Morrison, Miss E. H. Jones and Miss C. Campbell. Between four and five hundred were present. Miss Thain's orchestra played a splendid selection of dance music. All present had an enjoyable time, and congratulated the Victoria Nurses' Club on their success. Quite a large surplus remained, after all expenses were paid, to be added to our club funds.

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The Victoria Nurses' Club has rented a room in the new Alexandra Club building. The room is to be used for club meetings, and will be open to all members at any time.

Miss Alice Williams, Victoria, accompanied her brother and sister on a three months' visit to England, Ireland and the Continent.

Miss L. Baffey, graduate Vancouver General Hospital, has resigned her position as Matron of the Spirit Lake Hospital, Idaho. Miss Baffey leaves for England soon, where she will visit relatives and be in London for the Coronation of King George V. and Queen Mary.

Miss Charlotte A. Hortop, on the occasion of her marriage, was the recipient of a magnificent silver tea set suitably engraved from the Board of the Brandon Hospital in appreciation of her services as Assistant Lady Superintendent. The hospital staff also presented Miss Hortop with gifts. In each case these were accompanied with addresses.

The last meeting, this season, of the Manitoba Graduate Nurses' Association was held May 30th at 375 Langside Street, Winnipeg, and was well attended. Miss Cotter, First Vice-President, occupied the chair. It was regretted by all present that our President, Miss Johns', resignation had to be accepted, as she was leaving next day to fill the position of Lady Superintendent at the McKellar Hospital, Fort William, in which new field of work we wish her every success. Miss Cotter was elected President and Miss Rathbone, First Vice-President. The kind offer of Miss Wilson, Lady Superintendent of the General Hospital, to hold our meetings in the Nurses' Home was accepted and a vote of thanks passed to her. After other business was disposed of a vote of thanks was passed to Miss Andrews for the use of her rooms for our meetings. A refreshing cup of tea was kindly served by Miss Andrews, and a short social time enjoyed. Our next meeting will be held in September, by which time we hope that the initial work regarding registration for nurses will have assumed definite form.

The graduating exercises of the senior year nurses of the Winnipeg General Hospital were held yesterday afternoon, when the nineteen members of the class received diplomas and medals, symbolic of three years of arduous and self-sacrificing labor successfully completed.

The ceremony took place in the large drawing-rooms of the institution, which were taxed to their utmost capacity by the crowds of visitors. G. F. Galt was in the chair, and the speakers of the afternoon were Dr. Chown and Rev. G. H. Williams. Also on the platform were H. M. Beleher, Edward Brown and J. M. Cosgrave.

Preceding the presentation of the diplomas, Mr. Galt in a brief address referred to the loss sustained by the General Hospital in the death of J. S. Atkins, and spoke further of the splendid work of the training school, which, he said, during the past year had eclipsed any previous record. In the graduating class, Miss Ruth Hicks established a record, making an average of 90.4 per cent. on her totals. Miss Louise Newcombe came second with 90.3 per cent.

Mr. Galt explained that Mr. Brown, noting that the young ladies were almost a tie, had generously donated a special prize to Miss Newcombe.

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Miss Wilson, Lady Superintendent of the Hospital, and Mr. Brown presented the diplomas. Each young lady, clad in the uniform of her calling and carrying shower bouquets of lovely roses, stepped upon the platform as her name was announced by Mr. Galt, and as she received her awards was greeted with rounds of congratulatory applause.

During the afternoon musical numbers were contributed by Miss M. Galt, Mrs. G. F. Galt, Miss A. Johnston and Miss E. M. Johnson.

Prize Winners.

The prize list is as follows:—

General proficiency for the three years—Miss Ruth Hicks, 90.4 per cent., given by the Ogilvie Milling Company.

Special prize for general proficiency—Miss Louise Newcombe, 90.3 per cent., given by Edward Brown.

Obstetrics—Miss Louise Newcombe, given by Dr. McCalman.

Bandaging—Miss Gibson, given by E. L. Drewry.

Practical Work—Miss Ruth Hicks, given by Mrs. Gregory, in memory of Dr. W. S. England.

Charting—Miss Ethel King, given by Miss E. M. Bain, in memory of Mr. Justice Bain.

Surgery—Miss Louise Newcombe, given by Dr. J. O. Todd.

Eye, Ear, Nose and Throat—Miss Hodgins, of the intermediate class, given by Dr. W. S. Prowse.

Scholarship for highest general average in the intermediate year—Miss Loueks, given by Mrs. G. F. Galt.

Scholarship for highest general average in the junior year—Miss Findlay, given by Mrs. A. W. Moody.

Anatomy and Physiology—Miss Findlay, given by Dr. Ross Mitchell.

The Graduates.

The graduates are:—Misses M. Barr, S. E. Kilpatrick, T. Paynter, G. Gilhuly, Ruth Hicks, L. Newcombe, H. K. Rooney, M. Howe, J. Simpson, N. Bulloch, J. Gibson, M. MacRae, E. J. Deacon, E. Arnott, B. McKinnon, A. Coulter, E. King, J. Tudhope, R. Stewart.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Thursday, May 4th, at the nurses' residence. Dr. Martha Smith, of India, gave a very interesting address on her work and nursing conditions as she finds them there. Many of her experiences were such as to make us feel that our work has fallen to us in very pleasant places of which we should make no complaint. Later in the evening she showed us one of the native costumes—a wonderful solution of the dressmaking problem. The evening was a very pleasant and instructive one.

The fifth meeting of the Thunder Bay Graduate Nurses' Association was held at St. Joseph's Hospital, Port Arthur, May 4th, with a good attendance. Miss Regan, the President, occupied the chair. Two new members were warmly welcomed. A very interesting paper was read by Miss Code, graduate of St. Joseph's Hospital, London, Ont., on "Registration."

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The regular monthly meeting of the Central Registry was held on Monday, May 1st, at 569 Bathurst Street. Miss Fralick occupied the chair. The Registry calls are steadily increasing, there being a total of 330 calls during April, an increase of 135 over April, 1910. Arrangements were made for the annual meeting and birthday party to be held at the "Brown Betty" on Thursday, June 1st. Miss Fralick's resignation as convener was regretfully accepted. She will be greatly missed, both personally and for the interest she took in the Registry.

ROSE KIMMITT, Secretary.

The fifth annual meeting of the Victoria Hospital Alumnae Association was held at the hospital, Tuesday afternoon, May 9th, 1911, at 3 p.m., with an exceptionally good attendance. The object of the meeting was to elect new officers and welcome the class of '11.

The Association has progressed most favorably during the year, many nurses having taken an active interest. Meetings have been held and addresses given by Miss Crosby and Miss Rogers, of Toronto, Mrs. Yarker, of London, Drs. Seaborne and Mason, of London.

Miss Thorn, of Chicago, Mrs. Reynolds, of London, and Miss A. Johnston, of Vancouver, very kindly sent papers, which proved of great interest to the nurses.

Regret was expressed by many members that owing to the absence of many of the graduates we were unable to hold our April meeting, and thus were deprived of the pleasure of hearing Professor Dearness and Mr. Gaetz, who had very kindly consented to address us.

The following officers were elected for the year:—President, Miss M. Lyons; Vice-President, Miss B. Gilchrist; Secretary-Treasurer, Miss M. Roche; Corresponding Secretary, Miss V. Johnston.

The Isolation Hospital, New Westminster, B. C., was destroyed by fire early on the morning of April 23rd. The patients are quartered in tents and outbuildings. The loss is not heavy, as the building was small. The result will be a larger and better equipped hospital.

The Kincardine General Hospital is to have a new wing.

On June 23rd at 10.30 a.m. the corner-stone of the new Home for Nurses, which is being erected as a memorial to his late Majesty King Edward VII., was laid by His Excellency the Governor in the presence of a large gathering that included the Lord Bishop of Newfoundland, the Chief Justice, representatives of the various denominations, the officers of the British and French warships, and many prominent citizens, as well as the bluejackets and brigades forming the military parade, which was a feature of yesterday forenoon's celebration. The three brigades—C. L. B., C. C. C. and N. H. B.—having joined force, marched at 9.30 to the King's wharf, and at 10 a.m. some 200 bluejackets and marines from H.M.S. Brilliant landed and were given the place of honor at the head of the parade. Lieut. Pritchard, R.N., commanded the entire force and preceded by the C. L. B. band, the other bands in place in the procession all marched to the hospital grounds. An immense gathering accompanied them, and when His Excellency and suite arrived, they were met by Hon. D. Morison, Acting Premier; Dr. L. E. Keegan, Medical Superintendent of the Hospital;

"the therapy of heat is as old as the art of healing.

Its mode of application has improved with the progress of medical science.

Any form of treatment which survives for so many centuries must perforce be rational and valuable.

The profession, realizing the therapeutic value of heat has chiefly considered its most effective and scientific form of application in conditions which call for its use.

Weighing, carefully, each and every method which has been suggested, the inevitable conclusion was in favor of hot moist heat.

Antiphlogistine, the original cataplastic dressing for applying hot moist heat, is so far removed from the ordinary carelessly and unscientifically compounded dressing that the medical profession has by preference extensively favored its employment.

It retains the heat; is hygroscopic; lowers arterial tension; relieves venous engorgement and thus reduces inflammation wherever situated."

Miss Southcott, Superintendent of Nurses; Mr. T. A. Hall, Government Engineer, who is architect of the building, and Messrs. M. and E. Kennedy, the contractors, and escorted to his place through a line of nurses from the Hospital, while all the patients of the institution who were well enough to leave their beds occupied windows overlooking the scene.

Hon. D. Morison then made a brief address, explaining that the building was being constructed to afford better accommodation for the nurses, and also to enlarge the hospital accommodation by converting into extra wards the rooms now occupied by them, and mentioned that the Government, recognizing the humanitarian principles of the late sovereign, decided that this institution should be known as "King Edward the Seventh Nurses' Home."

His Excellency then deposited in the cavity beneath the stone copies of the daily newspapers, the year book, local coins and stamps, and a document signed by Dr. Keegan, the nurses, contractors and the Government Engineer, after which, being presented by Mr. Hall with a silver trowel, he laid the stone in due fashion. After doing so he made a brief speech in which he eulogized the late King, as well as the present sovereign, King George V, towards the alleviation of human suffering; King Edward's cancer research project, his sanitarium for consumptives at Medhurst and his Hospital Sunday movement being referred to. The Governor also eulogized the services of the physicians and nurses on behalf of the suffering patients given into their care. He then called for three cheers for the King, and at the instance of Lord Bishop Jones, who mentioned the fact that this was the Prince of Wales birthday, three other cheers were given at his call for our future ruler.

Dr. Keegan moved a vote of thanks to His Excellency for his kindness in laying the stone, thanked him for his appropriate words with respect to the staff of physicians and nurses at the hospital and assured all that the colony would get an ample return for this improvement. He closed by calling for three cheers for the Governor, which were given with a will.

After the ceremony the vice-regal party and the visitors and special guests on the occasion were entertained at Dr. Keegan's residence, after which His Excellency went through the hospital and visited the patients, being especially glad to find that Fire Constable Hemans, injured during the King's Birthday celebrations, would not lose both hands, as was feared at first.

The parade of the city then started, and the gathering dispersed. Subsequently His Excellency sent the following message:—

(Telegram sent June 23rd)

Sir Arthur Bigge,
Buckingham Palace,
London:—

I am requested to inform you, for the information of His Majesty the King, that to-day, with full ceremony, I laid the foundation stone of a Nurses' Home as an annex to the hospital.

It is being erected by the Government as a memorial to His late Majesty King Edward VII.

RALPH WILLIAMS,
Governor of Newfoundland.

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The Canadian Nurse

Toronto

(Continued from page 417)

Mr. Orde then read a letter from Messrs. Lewis & Smellie, containing advice as to the drawing up of a model Act of Incorporation for the use of Local Associations in the different Provinces, and in regard to the securing of enabling Acts permitting municipal or other grants in aid of the Order by local authorities.

Senator Ellis then moved, seconded by Mr. Goff-Penny: That, having heard read the letter from Messrs. Lewis & Smellie, the solicitors for the Board of Governors, with respect to the form of a model Act and also with respect to Provincial legislation in aid of the Order, the recommendations therein contained by referred to the Executive Council to deal with. Carried.

The Board then proceeded to the election of officers for the coming year.

Mrs. Learmont moved, seconded by Mrs. Nordheimer: That Mr. J. M. Courtney, C.M.G., be re-elected President for the ensuing year. Carried.

His Excellency and Sir Sandford Fleming warmly praised the ability and devotion which had characterized Mr. Courtney's leadership hitherto.

Mrs. Borden moved, seconded by Mr. M. S. McCarthy: That Hon. Geo. A. Cox, Dr. T. G. Roddick and Mr. George Burn be re-elected Vice-Presidents for the ensuing year. Carried.

Miss Dow moved, seconded by Mrs. Macarow: That Mr. John Fraser, I.S.C., and Mr. Geo. Burn be re-elected Hon. Treasurers for the ensuing year. Carried.

Prof. J. W. Robertson moved, seconded by Lady Ritchie: That Dr. Thos. Gibson and Mr. J. F. Orde, K.C., be re-elected Hon. Secretaries for the ensuing year. Carried.

Mr. Orde moved, seconded by Dr. Travers Lewis: That the Executive Council be re-elected, and that Mr. Wm. Thoburn, M.P., be added thereto in the place of the late Benett Rosamond, Esq., deceased. Carried.

Mr. Courtney then moved, seconded by Sir Sandford Fleming: That the Board of Governors, realizing with much regret that this is the last annual meeting at which Their Excellencies, the Earl and Countess Grey, will be present, wish to place on record their appreciation of the deep interest shown by Their Excellencies in the welfare of the Victorian Order, and their sorrow that the day of Their Excellencies' departure draws so near. Carried.

His Excellency responded on behalf of himself and Her Excellency, Lady Grey, and then called upon Professor Robertson, who gave an interesting résumé of facts and experiences gathered from his recent travels over various parts of the Dominion. He rejoiced in the noble part already played by the Order in the cities and in the hospital centres, and looked forward to the time when the loneliness and the danger of life in the sparsely settled districts would be alleviated by the presence of outposts of the Victorian Order bringing wise help, instruction and cheer.

The meeting then adjourned.

THOS. GIBSON,
Hon. Secretary.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, SEPTEMBER, 1911

No. 9

SCHOOL NURSING IN REGINA.*

School nursing is such a new branch of education in this country, that one finds it almost necessary to make a plea for the existence of the system, although it must be apparent that the necessity for trained individuals to look after the physical well-being of the child is just as great as for trained individuals to attend to his mental well-being.

There was a time when the branches taught seemed to be the centre and end of education. Through the teachings of Pestalozzi and Froebel, there has been a gradual transition toward the opposite view, that the child himself is the centre and end of education. And back of this idea we must trace the evolution of school nursing. Bryan, in his book, "The Basis of Practical Teaching," says that the chief defect in the present system of education is, "that we are not viewing the child in his entirety, and that we forget that every child mind that ever came to school came in some kind of body, and that the kind of body in which it came, determined, to a great degree, what the mind might accomplish." Only too often the term "mentally deficient" might more truly be resolved into terms of "physically defective." The term "mentally deficient" sounds like a hopeless finality, and those who have the responsibility settle down with a comfortable feeling that nothing more can be done, but when we waken up to the fact that the child is physically defective, we find that there is much to be done to relieve him of his handicap.

The history of school nursing is, as yet, rather vague, as very little has been written on it. It was begun in England about 15 years ago, and it evolved as a side issue out of district nursing. It was first inaugurated on this continent in New York City in 1902, when one nurse was appointed for a month to demonstrate the work. The results at the end of the month were considered so satisfactory that twelve nurses were appointed to look after the work in 48 schools. Since then, additions have been made to the staff. Several other cities in the United States have adopted the system. Boston has twenty-nine nurses; Philadelphia has six; Baltimore five; Grand Rapids five; Los Angeles three; Seattle two; Chicago has also adopted the system with a large staff of nurses. In Canada, Toronto has a Superintendent and staff of seventeen school nurses, Winnipeg three, and Regina one.

The work was begun in Regina on February 1st. At this time, an epidemic of scarlet fever was imminent, and the school nurse was instructed to deal with it as an emergency. During the first two weeks all the pupils in all the schools were inspected for signs of scarlet fever, and the absentees were

*Address at Educational Association, Prince Albert, Saskatchewan.

visited in their homes, to make sure that there would be no cases not reported. During the month only one pupil dropped out with scarlet fever.

In Regina we have five schools with 1,845 pupils enrolled.

At the beginning of each term there is a routine inspection of all the pupils in the schools, and after that the following weekly programme is carried out:

Monday, 9-12, Victoria School. Inspection of new pupils; inspection of pupils who have been absent through illness; inspection of any cases in the class room which the teacher may think necessary; dressings. 1.30-4.30, visits in Victoria School district. 4.30-5.30, office. Tuesday, Strathcona. Wednesday, Albert. Thursday, Earl Grey. Friday, Dominion Park. Saturday a.m., office.

The main objects of school nursing are: The exclusion of pupils who have any contagious disease for the protection of the greater number, the careful examination of all school children for any physical defects which will retard their progress. e.g., adenoids, hypertrophied tonsils, defective hearing, etc., and a notification to the parents of the same, visiting the homes of pupils who are ill or who need special attention, looking after school accidents, and doing minor dressings for children who are attending school.

Respecting the first point, that of excluding pupils with contagious diseases, the nurse has to depend on the reports of the teachers. Whenever a rash is apparent in the class room, the teacher is expected to report at once to the school nurse. This is regarded as an emergency, and the school nurse will visit the school in which it occurs, and, if she thinks necessary, send the child home with a form filled in, requesting the parents to obtain a medical certificate that no disease any longer exists. As soon as possible, the room in which the child was will be closed and fumigated before the classes are resumed.

Perhaps the most important phase of school nursing is the examination of all pupils for physical defects, which tend to retard their progress in education. This should be done at the beginning of each term. About forty pupils can be thus examined in one day. Each child is tested for eyesight, hearing, tonsils and adenoids, carious teeth, skin diseases and any other apparent physical deformities, also for pediculosis in suspicious cases. The child's habits of living are inquired into, and such suggestions made to him as seem most needful in his particular case, special attention being paid to the care of the teeth, necessity of proper breathing, personal cleanliness, and the necessity of regular movements of the bowels. When any physical defect is found, a formal notification is sent to the parents requesting them to consult with a physician regarding same; also a card which the pupil is expected to return to the school nurse. To show the necessity for this work, I shall quote the results of examinations in Victoria School:

Pupils inspected, 345; defective eyesight, 50; defective hearing, 7; skin diseases, 2; pediculosis, 7; hypertrophied tonsils, 26; adenoids, 22; carious teeth, 115.

Take, for instance, a case like the following, where one child was suffering from defective eyesight, adenoids, defective hearing and carious teeth. To even an individual who is not particularly interested in children, it would be apparent that that child is being handicapped in his struggle for an education, and it probably never occurred to his parents that there was anything wrong with him. As a matter of fact, he was getting on very badly at school. This is

only one of many similar cases I have found since beginning this work in Regina public schools.

In regard to defective eyesight, I shall quote from Dr. Aaron Bray, of Philadelphia: "When we consider that correct sight, that is, normal vision with ease, without any special effort or reinforcement of the stored nervous energy, is essential to the absorption of presented instruction, the necessity of detecting and correcting any existing error of refraction becomes self-evident. Children are very often considered stupid when they fail to keep up with the outlined studies, when, as a matter of fact, they do possess the native intelligence to grasp and absorb and retain the instruction given, but are greatly hampered by visual defects resulting from some existing error of refraction or muscular unbalance that is amenable to treatment. Very often has it been demonstrated that an apparently stupid child has been transformed into a diligent, normal student through the correction of an error of refraction by means of well-adjusted glasses which have relieved the eye-strain, allowing the child to use his otherwise consumed nervous energy for the absorption and retention of the subject matter presented by the teacher.

The following is typical of a case of adenoids, and how frequently these cases are seen in the class room. The child breathes through his mouth, his speech is thick, his eye-balls bulging and his lower jaw drooping. The superfluous growth of adenoid tissue blocks up the orifice of the eustachian tubes and the child can't hear well. Sometimes he becomes quite deaf. He appears dull and stupid, and can't keep pace with his fellow pupils. This is due, not to the fact that he is mentally deficient, but simply to a physical defect that can be remedied so safely and so easily.

Dental inspection is a very important feature of school nursing. As stated above in the report on Victoria school, out of 345 pupils examined, 115 were found to have carious teeth. If this meant nothing beyond local pain, the case would not be so serious, but it becomes rather startling when we consider the number of evils that may be traced directly to carious teeth.

The commonest evil from decayed teeth in children is disorder of digestion, and digestive disorder in children means far more interference with nutrition than it does in adult life, for in childhood nourishment is required not only for the maintenance of a structure already built, but also for the building of new structures, and failure of digestion means failure of nourishment. This is due not only to the mechanical disability to masticate properly, but also to the septic absorption from these decaying teeth. This can hardly be doubted when one detects the foully offensive breath of the child who has extensive dental decay. And is there not great danger that this child will breathe out bacteria to contaminate the one sitting near him. I heard a parent in Regina remark that he thought it monstrous that his child with a good set of teeth should sit beside a pupil with a mouth teeming with bacteria from decaying teeth.

Dr. C. F. Still, in his book on the common disorders and diseases of childhood, says that he thinks dental caries is by no means an uncommon cause of headache among children. He says that whenever a child is brought to him complaining of very frequent headache, especially if the headache comes and goes quickly, he suspects the possibility of its being due to teeth, and he adds

that frequently the success of dental treatment justifies his suspicions.

I have discovered that there is an unfortunate idea current amongst many of the parents that there is no need to take much notice of decay of the first teeth, whereas, in reality, decayed teeth at that period are perhaps more harmful than at a later period, for nutrition is more easily disturbed, and its disturbance means more interference with general development, besides decay of a first tooth favors the occurrence of caries in the coming permanent tooth.

The significance of the second dentition is of great importance to the child, and this is a matter of which all teachers should be cognizant. The more objective and superficial change seen in the teeth has many physical and mental counterparts, usually occurring with the second dentition, complaints are made of headache, tenderness of the eyes, and lassitude. Fatigue occurs very readily, not only physical, but also mental, and many nervous symptoms are exhibited. One of the commonest manifestations of this period is the appearance of general laziness on the part of the child, and it is extremely common to conclude that the child needs more exercise. As a matter of fact, just the opposite course should be taken. In every way the child's force should be conserved and his labors reduced to the smallest possible degree. The duration of this period is usually only a few months, although it has been known to last as long as two years. It is clear that the school work during this period should be reduced to a point below that which has been done the previous year, and which may be undertaken safely the next year.

I must say in regard to this work in Regina, that the parents have been very quick to respond where it has been pointed out to them that their children are suffering from physical defect. There have been a number of operations for tonsils and adenoids, a great many cases of defective eyesight remedied, and a still larger number put under a dentist's care. Where the parents are too poor to pay a doctor's fee, the school nurse refers the case to the school doctor, who then treats them at the expense of the school board.

Visits to the homes form rather an important feature of the work. When a child is absent through illness, or when the cause of his absence is not known, the teacher reports such to the school nurse and she calls at the child's home. Sometimes cases of contagious diseases not reported are detected in this way. Often valuable suggestions relating to the child's health can be made to the mother.

In case of accident, the school nurse is called in at once. If she thinks necessary, she will call in the child's family physician. If it is a minor accident, the nurse treats it herself.

Minor dressings are done in the schools. The need of this is particularly apparent in the schools attended by the foreign element, among whom certain forms of skin diseases are very prevalent.

In Regina, a medicine cabinet has been made for each of the schools, with the following initial equipment for each:

Three Winchestersters for holding solutions of boracic 1-20, carbolic 1-20, bichlor 1-1000; pure carbolic, boracic crystals, bichlor tablets, 1 lb. absorbent, 1 package sterile gauze, 1 yard oiled silk, 10 yards F. cotton, 1 doz. gauze bandages 2½-in., 1 doz. gauze bandages 1 in., 1 tube borated vaseline, 1 tube eucalut, 1 glass syringe, 1 pair scissors, 2 artery forceps, 1 dressing forceps, 1

thermometer, 1 reel adhesive 3 in., 1 reel adhesive $\frac{1}{4}$ -in., 1 glass tongue depressor, 1 box wooden tongue depressors, 1 Snellen's eye test, 3 white granite basins, 1 white granite pitcher, 1 glass funnel, 1 glass measuring glass.

In conclusion, let me mention some of the evils existing in our public schools, which are undoubtedly a menace to the health of the pupils.

A great many children are swallowing bacteria with every meal because they have no tooth brushes with which to clean their teeth. Because parents, either through poverty or negligence, do not fulfil their responsibility in this respect, it is all the more reason why others who are in a large measure responsible for these children, should attend the more carefully to them. In Toronto, the school board supplies tooth brushes at a cost of 5c. each to all children who haven't any in their homes. The Regina public school board have also taken steps to make the same provision.

Roller towels which may be used by any number of children are surely a fruitful source of infection. The school board of Regina have decided to substitute for these, sanitary paper towels, and sanitary soap dishes.

Proper vigilance is not observed in regard to the cleansing of seats in the lavatories. These should be scrubbed at least twice a week with soap and water, and then sponged off with carbolic 1-20.

In regard to the common drinking cup, there is no doubt that it is an unmitigated evil. In most of the large cities in the United States and in some Canadian cities, this has been suspended by the sanitary drinking fountain or paper cups. At a meeting of the Regina public school board on March 17th, it was decided to introduce sanitary drinking fountains in the schools.

In conclusion, let me quote from Henry M. Hyde in Saturday Evening Post:

"The trouble seems to have been that, in the zeal for stuffing Johnny with useful knowledge, people forget that he was an animal before he was a man. They passed laws compelling him to stop in school until he was fourteen; but they paid mighty little attention to the fundamental fact that the welfare of his marvellous mind—to say nothing of his immortal soul—depended very largely on that of his equally marvellous body. They drove him into the school house, where he acquired, with almost equal certainty, mathematics and mumps, spelling and sore throat, grammar and grippe, Latin—the period of fads in the public schools—drawing and diphtheria were added to the curriculum.

The school drinking cup was the first criminal. It was discovered that in almost every case, where a common cup or glass has been in use for a week, its edges are covered with thousands of disease germs, even in cases where it appears to be quite clean. In many schools this was abolished, and the sanitary drinking fountains or individual cups were substituted, and where this was done, the number of cases of contagious diseases began to decrease.

The fact that little Johnny Jones is an animal is really the most important—not to say revolutionary—educational discovery of the last twenty years. Johnny Jones is beginning to get a fair chance and a square deal. His only wonder is that grown-up people should have remained so stupid and so cruel for so many years.

JEAN E. BROWNE.

DIET IN TYPHOID.

The conservative plan of restricting the nourishment of typhoid patients to milk and broths seems to a great extent yet in favor, possibly due to the fact that by recognized test milk and broths have sustained with a minimum amount of risk. Milk in itself contains all the elements or principles of food in various proportions, sufficient to sustaining the vital forces of the body, for a certain but variable time, according to the vitality of the patient previous to the attack, and the duration of the disease. Milk, however, notwithstanding the fact of its being a perfect food, nevertheless has its own shortcomings, which by actual test may be summed up as follows: (1) It is disliked by a large number of individuals; (2) when taken very often and regularly it becomes obnoxious to the patient; (3) if not sipped slowly it forms into large curds in the stomach and produces a feeling of fullness, extending to discomfort, and often induces vomiting; (4) it leaves considerable residue in the intestines, which may stimulate peristaltic action, give rise to flatus, and consequent distention and perforation. Nevertheless, in spite of all those adverse characteristics of what we should prefer to believe an ideal food, physicians must remain loyal to milk as one of the old standards, but not necessarily as an exclusive diet in the nourishment of typhoids. Experiment has proven that collateral nourishment may be supplied, much to the benefit and early convalescence of the patient.

We are all familiar with the torturing hunger complained of by the typhoid patient, sometimes throughout the entire course of the disease, but more especially toward the decline of fever, and until convalescence is well established. This condition may be partly due to a natural aversion to milk in the first place, or possibly to the resistance of the stomach under abnormal conditions, and consequent loss of nourishment by vomiting. This lack of nourishment may be supplied to good advantage by allowing the patient a certain amount of oat meal jelly, rice gruel, boiled rice and calves' foot jelly; milk sugar solution (1 oz. equals 15 grs.) given in 2-ounce amounts per day, either alone or with milk and jellies, olive oil and butter. The various flavors seem to stimulate the appetite of the patient sufficiently to relish his food. Rice in any form leaves no residue in the intestines; being wholly a carbohydrate food, it is entirely burned up in the system, providing that the metabolism is equal to the intake; if not, the sugar will appear in the urine.

The amount of residue from the oatmeal jelly is not sufficient to raise an objection. Broth as an associated item of the nourishment allowed for typhoids is not, in fact, nourishing at all. It is merely the extractive containing the flavor of the nourishing properties of the meat, which have been removed. The broth, therefore, is but a liquid stimulant and solvent, and together with generous amounts of cold water—not ice water—furnishes the very essential moisture to the parched tissues, giving tone to the body and producing a free flushing out of the kidneys, and elimination of the waste products from the system. Then, in conjunction with milk and broth, but not substituted therefor, as both are essential in their respective virtues, may be given a variety of foods, which must necessarily appeal to the taste of the patient, divert the development of aversion to milk, combat the feeling of hunger, add to the sustaining powers

of the body, and assist in producing early convalescence, without the usual excessive weakness upon muscular exertion. The characteristic emaciation may also be offset by this procedure in feeding. Observations made while in charge of a medical ward in the Boston City Hospital convinced me of the benefit of generous but careful feeding in typhoid cases. Some extensive experiments were made along these lines, involving for the nurse the careful preparation of the various nourishments—measuring, weighing and estimating the caloric value; the intake, output and ingestion, preparation of dietaries, and daily weighing of the patient. A special apparatus was used for the purpose of weighing bed patients. The following record of one case will show that on certain days the amount consumed exceeded the standard 20° allowance for an average-sized man, at moderate work. The patient, a man 24 years of age, ten days after development of symptoms, temperature ranged to 105° F. During the following week had three severe hemorrhages, but very little prostration; during the fourth week nourishment consisted mainly of milk and broths, with a little cream. Commencing about the end of the fourth week and during the fifth week a little oatmeal jelly and milk sugar preparation were added; then throughout the remainder of convalescence the dietary consisted of milk, broths, olive oil, milk sugar, cream, oatmeal jelly and butter at first; later on, bread and eggs were added, as the table will show:

Ice Cream	Milk Oz.	Eggs	Bread Oz.	Olive Oil Dram	Milk Sugar Grain	Water Oz.	Cream Oz.	Oatmeal Jelly Grains	Butter Oz.	Broths Oz.	Total Calories
..	84	..	...	...	..	48	..	...	...	..	1,680
..	76	..	...	...	..	42	..	...	...	24	1,520
..	64	..	...	...	..	68	..	...	...	24	1,280
..	56	..	...	...	..	42	14	...	...	24	1,995
..	40	..	...	...	9	34	36	330	...	16	3,236
..	48	..	...	3	27	32	24	330	1/2	..	2,931
..	45	..	...	3	90	32	20	720	3	16	3,823
..	32	..	...	3	67	32	17	540	2 1/4	16	2,734
..	32	..	...	3	96	74	28	720	3	24	4,089
..	48	..	...	3	96	32	12	720	3	28	3,423
Oz. Porridge											
..	48	8	...	1 1/2	93	54	12	720	3	44	3,605
..	48	1	...	1 1/2	28	42	9	180	1	24	3,071
Porridge											
..	80	2	7 1/2	1 1/2	24	62	8	720	1 1/2	24	5,329
1	40	3	8 1/2	1 1/2	24	28	8	720	1 1/4	8	4,629
..	80	2	10	1 1/2	24	36	12	720	1 3/4	16	5,839
..	50	2	7	1 1/2	24	54	12	720	1 3/4	8	5,079
..	50	2	6	1 1/2	24	36	8	960	1 3/8	..	5,107
..	36	1	7 1/2	1 1/2	4	40	8	480	1 1/2	..	3,791
..	32	2	7	1 1/2	6	40	..	720	1 1/2	..	3,829
..	23	6	9	...	7	32	10	720	1	7	4,159
2	30	5	11 1/2	...	6	16	10	720	2-3	..	4,434

Milk sugar solution equals 1 oz. water, 15 grs. milk sugar.

Oatmeal Jelly.—1 pound of oatmeal, sifted and sifted, then the sifted (or

meal portion) is boiled slowly in $2\frac{1}{2}$ quarts of water, until consistent; when jellied and cool, serve with cream or milk sugar solution.

This patient's convalescence was unusually short, considering the early developments, and the usual weakness and emaciation were almost totally absent when the patient reached the sitting-up stage. MARY A. CATTON,

Lady Superintendent of the Lady Stanley Institute Training School, of the General Protestant Hospital, Ottawa, Can.

THE BOSTON CONVENTION.

The Seventeenth Annual Meeting of the American Society of Superintendents of Training Schools for Nurses was held on May 29, 30, 31, in Park Street Church, Boston.

Broader education for the nurse seemed to be the ever-recurring note in all the sessions. So many avenues of work are opening up for the nurse that the necessity of fitting her to make the best possible use of her opportunities seemed to lie as a heavy responsibility upon the Superintendents.

The report of the Delegate to the Society for the Prevention of Infant Mortality and Miss Van Blarcom's paper on "The Relation of the Midwifery Problem to the Prevention of Blindness," showed that in these two fields alone much remained to be done. Obstetrics are too often left for the untrained midwife, who does so many things besides caring for the mother and baby. Nurses must face this problem for the sake of the mothers and babies.

Miss McIsaac gave some interesting "Impressions of Present Situation in Nursing," gathered during her travels as Interstate Secretary. She thought fully one-third of the Training Schools should be out of business. Schools were maintained to get work done, not to train nurses. Difficulty was that Superintendents were laymen who failed to see things from the nurse's point of view. Many small Training Schools are doing perfectly splendid work. To help these, and for general information, this Society might have a Bureau of some of these, and for general information, this Society might have a Bureau of some of Directory of Institutions. There should be closer relations between this Society and State Board of Examiners. Laws in many States are very poor, but we must stand by the work and improve the laws. We can't do this till we have lived with them for a while. Miss McIsaac thought that Superintendents were responsible for the attitude of graduates towards the profession. Also that some effort should be made through popular magazines and the public press to give the public a proper view of our work. A committee might be appointed to prepare articles relating to public health and nursing problems for such publication.

Miss Parsons, Superintendent of Nurses, Massachusetts General Hospital, presented the subject: "The Importance of Securing for the Superintendent Powers Equal to Her Responsibilities." The Superintendent of Nurses must know the needs of her department and must lead in that department. If she has adequate authority, better discipline is maintained.

Miss Nutting introduced the subject of "Scientific Management of Training Schools," and recommended that the Carnegie Foundation be asked to

make a scientific study of Training Schools. The matter was left in the hands of the Education Committee, after the Society had signified its support of the recommendation.

The problems of affiliation were discussed by Miss Noyes, Bellevue and Allied Hospitals, New York. Registration increased the demand for affiliation, and emphasised the great need of uniformity. The results of affiliation were broader and wider experience of pupils, the stimulating and elevating effect of new methods seen and learned, and the emphasis of the fact that the pupil is a member of a profession, not of one particular school. Affiliation gives the nurse the opportunity for the comparative study of methods—knowledge of which she will make good use later.

Miss Stimson, Superintendent of Nurses, Harlem Hospital, New York, spoke on "The Demands of Post-Graduate Work." She thought there should be stated times of receiving post-graduates, who should be given systematic work. There should be permanent Graduate Head Nurses where post-graduate work is given.

"The Social Needs of the Pupil Nurse" were clearly presented by Miss Jessie E. Cattin, Superintendent of Springfield Hospital. Happy nurses do better work.

The lecture, "Fatigue in Relation to Health and Efficiency," by Dr. Frederic S. Lee, Ph.D., Professor of Physiology, Columbia University, New York, will not easily be forgotten by the large audience of nurses. The excellent lantern slides shown served to emphasize the points far more emphatically than mere words could possibly have done.

Miss Arnold, Dean of Simmons College and Professor of the Theory and Practice of Education, gave a most interesting and instructive address on "Co-Operation of Educational Institution With Training Schools for Nurses." Much gain would result from such co-operation, and Dean Arnold expressed her willingness to co-operate with Superintendents of Training Schools for the benefit of pupil nurses. The pupils of the Children's Hospital, Boston, already take a course at Simmons College.

A demonstration was given at the Massachusetts General Hospital: (1) Spinal Anaesthesia; (2) Gas and Oxygen Anaesthesia, and (3) Administration of Salvarsan.

"The Place of Apprenticeship in the Educational System" was ably dealt with by Miss I. M. Stewart, B.S., Assistant, Department of Nursing and Health, Teachers' College, Columbia University, New York.

It is impossible to give any adequate description of the splendid demonstration on Orthopedic Nursing given by Sister Amy, Superintendent of the Children's Hospital, Boston. The work was all done by pupil nurses, but graduates could not have done it better. Sister Amy's diffidence in appearing before an audience was forgotten in her absorbing interest in her work, some of the wonderful results of which were shown. Everyone pronounced it the best demonstration they had ever seen.

The reception at the Children's Hospital afterwards, and the visit to the wards were much enjoyed by all present

A demonstration of Training School Records, by Miss Parsons, followed by the election of officers, brought the interesting and helpful series of meetings to a close.

Officers for 1911-12 are: President, Miss Mary Wheeler, Chicago; Vice-President, Miss Mary M. Riddle and Miss Francina Freeze; Secretary, Miss Jessie Cattan; Treasurer, Miss Mary W. McKechnie.

The Fourteenth Annual Convention of The Nurses' Associated Alumnae of the United States was held on May 31, June 1, 2, 3, in Park Street Church, Boston. This was a memorable meeting, as the complicated work of reorganization was before the convention. The name of this great and influential organization has been changed to "The American Nurses' Association," and the Constitution and By-Laws carefully revised. This work occupied the greater part of the first two days. The remaining time was much too short for the hearing of all the splendid papers and reports that were ready for presentation. Several were only partly read, but a full report may be obtained from The American Journal of Nursing.

The address of Professor C. E. A. Winslow, of the College of the City of New York, on "The Role of the Visiting Nurse in the Public Health Campaign," should be read by every nurse. The convention recommended the study of this address by the different Associations. Copies may be obtained from the Secretary, Miss Agnes G. Deans, City Hospital, Hamilton Boulevard, Detroit, Mich.

The Session on Social Service Work was presided over by Miss Cannan, nurse in charge of the Social Service Department of the Massachusetts General Hospital, and was most helpful. Dr. Cabot's address showed the necessity of co-operation between the doctor, the nurse and the social worker if the best results were to be obtained. The doctor is concerned with the diagnosis of the disease, the nurse with the treatment, but the social worker deals with the individual case and soil out of which the case came. Conditions must be improved if there is to be no repetition of the trouble.

The training of nurses for this work was taken up by Miss Crandall, New York, who thought that nurses could do most effective work in this field.

"Factory Welfare Work" and "How to Teach the Prevention of Tuberculosis to School Children" were also dealt with at this session.

Great good must result from this convention, where every department of nursing work was discussed. The impetus given, the enthusiasm revived by the interchange of ideas and reception of new ones will be patent in the better work accomplished and the new work undertaken.

THE INTERNATIONAL COUNCIL OF NURSES.

The Cologne Congress.

Dear Editor,—You will be glad to know that the plans for the Cologne meeting are under way.

As Sister Agnes is desirous of making a complete showing of the progress of Social Service (Prevention or Health Nursing as you may prefer to call it) in all countries, I am proceeding on the following lines: We hereby ask the

National Society of Nurses in each country to make itself responsible for collecting all the data in its own country, and for collating all into one report. Otherwise we should have overlapping and an unmanageable bulk of material. We hope to show the whole extent of nurses' employment by the State and municipality, in tuberculosis, infant mortality, pure milk work, public school service, outdoor schools, dental clinics, and the like specialties, as well as probation officer, police officer, and truant officer work; of their activity under philanthropic volunteer agencies in similar lines, anything new such as teaching sex-hygiene, or the anatomy and physiology of sex to children and mothers (we have something to show in this direction in public schools) holding classes for children on the care of health, teaching mothers during pregnancy, and giving them instructive care during lactation, on infant feeding and children's diet, and all such work; and of their employment by industrial concerns in factory, shop, or centres of laboring people, to watch, prevent illness and guard health.

We wish also to learn what nurses are doing in the crusade against alcoholism, against venereal disease, and the social evil, what they are doing spontaneously among themselves to prepare for such effort; what share they are taking in housing reform (as buildings inspector, tenement house inspector, or health visitor), and what new lines there are that I have not mentioned, that are opening before them.

Sister Agnes desires to have all reports on hand early enough for her to have translated in German, and a brief resumé of each made, to be distributed to the German audience. For this purpose all reports should be in her hands by the early spring of 1912. I would suggest, however, that each country preparing a report should undertake the translation of its own report into German. This should not be difficult, and would immensely relieve the President and Secretary of labor, as it would then only be necessary for us to have the brief digests made for the meeting. But for this, too, plenty of time should be allowed because of the overloading of regular work.

Another branch which Sister Agnes wishes to have well worked up is the description by Catholic or Anglican sisterhoods of the system upon which secular training schools for nurses are conducted by religious orders. She thinks this might be helpful to the German Catholic Sisters, who are great workers, very practical as nurses, and very progressive in their willingness to follow modern educational requirements, but who have never founded secular training schools in their hospitals. As you know, they have been among the readiest to support State Registration, and to agree to its conditions.

Germany has a great deficiency of nurses. It has not enough for its population, and this is one reason for the immense overwork of German nurses. We intend, therefore, to appeal to those English, Irish and American orders that are conducting successful training schools, to come forth to Cologne and read papers there and encourage the German Sisters to do the same thing.

May I now, through these columns, ask all countries in membership or affiliated with the International Council, as well as those outside, who may desire to send fraternal delegates, please to translate this letter for their home

papers, or at least to republish its message in their own words, so that each National Association may set about collecting the information asked for by the Council, at any early date.

I am, ever sincerely,

L. L. DOCK, Hon. Sec.,
International Council of Nurses.

British Journal of Nursing.



CLASS 1911 ST. JOSEPH'S HOSPITAL, CHATHAM

Marie Peck

Margaret Lyndon

Bessie Ritchie

Bessie Gregory

Hannah Richardson

CORRESPONDENCE

E. F. T., Woman's Hospital, Montreal, writes to express her appreciation of Dr. Dobbie's paper on "Fire Protection," given at the meeting of the Canadian Hospital Association in Niagara Falls. The practical ideas set forth in the paper were adopted with very encouraging results. When an alarm of fire (which later proved to be false) was raised, the nurses were able to act with coolness and promptitude, and in an incredibly short time every patient was carried to a place of safety.

To the Editor of the Canadian Nurse:

Dear Madam,—It has just occurred to me that possibly the readers of the journal may be interested in learning that a summer uniform has been adopted for the nurses of this school. Early in June this year I suggested short sleeves and collarless uniform, to replace the turned-up sleeves and loosened collar which persisted in confronting me, in spite of all efforts to prevent. The sug-

gestion was received with delight, and its adoption was unanimously carried. The uniform consists simply of utilizing the more worn uniform waists, by cutting off the sleeves above the elbow, forming a box plait to take up the fullness, and finish by stitching on, firmly, a two-inch width cuff of white linen. The collar is removed, and a circular band of white is stitched on to correspond with the cuffs. This makes a very attractive and comfortable uniform, and lends economy in several ways. The old uniform is made to wear several months longer. The cuffs and collars are laundered on the waist, thus saving the washing, starching, ironing and assorting of at least one hundred and thirty-five collars, and one hundred and thirty-five pairs of cuffs each week. The nurses are delighted with their new-found comfort, and can heartily recommend the style to other schools.

MARY A. CATTON, Superintendent.

Lady Stanley Institute Training School of the Protestant Hospital, Ottawa.

To the Editor of The Canadian Nurse:

Dear Madam: I was shocked to find in the April number of "The Canadian Nurse" the statement that Saskatchewan had no organization of trained nurses, and though realizing that it is entirely the fault of the nurses in Saskatchewan that you did not know, I hasten to correct the impression that has gone abroad. Though in the past Saskatchewan people may have been occupied in the growing of wheat, the nurses at present and, I trust, for the future, are very determined to keep pace with our sister nurses in all parts of the Dominion. Three months ago the trained nurses in Regina formed an Association, with Mrs. Brown, wife of the Lieutenant-Governor, who kindly consented to act as patroness, and Mrs. Van Valkenburg, former Lady Superintendent of Regina General Hospital, as Honorary President. The active officers are: President, Miss Clearihue, Graduate of Winnipeg General Hospital, Lady Superintendent Regina General Hospital; Vice-President, Mrs. Boyle, Graduate of Regina General Hospital; Secretary, Miss Brown, Graduate of Toronto General Hospital, now holding the position of pioneer school nurse in Saskatchewan; Treasurer, Miss Nora Armstrong, Graduate of a New Zealand hospital. Members are admitted upon presentation of their diplomas received for at least a two years' training in some recognized training school, or in default of that a letter from the Superintendent of Nurses of their training school. Our energetic Secretary has communicated with all Hospital Superintendents in the Province, asking them to form Associations, or, in places where graduate nurses are few, to affiliate with the Regina branch, with the object of interesting all the nurses and gaining their co-operation in the presentation of a Bill for Registration at the next session of the Provincial Legislature. An interested friend is at present drafting and expressing in technical language a Bill founded upon that of the Ontario Graduate Nurses' Association and others.

We would like so much to send a delegate to the convention to be held in May at Niagara, but we are very young and, alas, too poor, but look forward to the next best—a full account of the doings of the Association in the pages of your esteemed magazine.

Sincerely,

E. G. CLEARHUE.

Editorial

THE BICYCLE NURSE.

The bicycle nurse is the most recent addition to the City Hospital corps in Germany. The idea originated in Berlin, says an exchange. In that city women nurses are given bicycles, and now a corps of these highly trained and drilled women is sent to the scene of any accident at a moment's notice. With such speed do they get ready to start that often they arrive on the scene before the hospital ambulance. Many lives have been saved by this almost instantaneous response to a hurry call for help. There is much that the nurse can do before the ambulance comes, and not infrequently these few moments mean the saving of life. Each nurse wears a plain, dark costume. There is a short skirt, a simple waist, with white turnover linen collar and cuffs, and a dark peaked cap with a triangle of stiff white linen in front. The nurse carries her small outfit strapped under the saddle of her bicycle.—Internat. Hosp. Record.

SOUTH AFRICA.

An Order of Nurses is to be established in South Africa as a Memorial to King Edward VII., and an appeal has been made for a minimum capital sum of £100,000 to place the nursing scheme on a sound footing.

The Lancet, London, Eng., says: "It is proposed that branches of the new Order of Nurses should be established at appropriate centres in each province, selected with particular regard to facility of railway communication. Each branch is to be under the supervision of a matron. The nurses will be required to possess such certificates in general nursing and midwifery as are requisite for registration in any part of the Union, and to have as far as possible experience of South African conditions. They will receive fixed salaries, the money received from fees being paid by the matron in to the central fund. Except in urgent cases, the services of the nurses will be available only on requisition by a medical man, on whose certificate and subject to instructions from the central committee, the matron will decide whether full fees are to be charged or whether part or total remissions shall be made. The expenses of the Order will be met in part from fees and in part from donations and subscriptions."

CHILD WELFARE EXHIBIT.

Montreal is to have a Child Welfare Exhibit in October, 1912. The announcement is made by "The Montreal Daily Witness," which says:

"Montreal has social problems as pressing as, if not more pressing than, those in the larger cities of the States. In our infantile mortality we head the list for all the great cities of North America. Of the children born in Montreal, 54.92 per cent. die before reaching the age of five. Immigration is growing, so

that the congestion of the lower quarters of Montreal is rapidly increasing, and slum districts are forming as bad as any in the old world. Hence the Child Welfare Exhibit, which the promoters believe will bring sharply to the minds of all people in the city the obstacles and dangers to the healthy growth of its children and develop a right public opinion leading to action, both public and private.

In child problems American cities vary little; and the Child Welfare Exhibit should prove as stimulating in Montreal as it did in New York and Chicago. It is an exhibit that above all others reaches and quickens a whole city; and should prove in Canada the first step towards a better way."

WOMAN'S BUILDING FOR VANCOUVER.

Vancouver is to have a woman's building. A company has been organized—The Women's Building Association—and a site purchased. The place selected is on the edge of the West End residence district, and yet so close to the business centre as to make a good situation for the shops on the lower flat, and for a large public hall above. Promoters of this undertaking are not only providing a meeting ground for the numerous women's societies in this city and district, and a general centre for the public and social activities in which women engage, but propose to supply Vancouver with a public hall to seat twelve to fifteen hundred people. The enterprise is ambitious, but when one considers the number of women interested and the energy and capacity the organizations have shown in other matters, it will not be thought too large an undertaking for those engaged in it. The women of Vancouver deserve such a building of their own, and their project will have the best wishes of the remainder of the community.

THE SCHOOL NURSE.

Miss Janet Peace has resigned from the School Nurses' Staff, and the Toronto Schools lose one of their best nurses. Everyone with whom Miss Peace has associated in her work expresses words of commendation and affection. Miss Peace is to be married in the near future.

Miss Ida M. Boyce, a Graduate of the Miami Valley Hospital, Dayton, O., has been appointed to fill the vacancy caused by Miss Peace's resignation. Miss Boyce is a Canadian by birth, and her home is in Toronto. She has taken the post-graduate course and substituted on the Toronto staff.

The work done by the School Nurses in Toronto during the first half of the year shows remarkable results. The following report is part of what has been accomplished:

35 children had glasses fitted.

49 children had tonsils and adenoids removed.

413 children had teeth filled.

Miss L. L. Rogers, Superintendent of School Nurses, Toronto, is spending part of her vacation in Muskoka.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital, Hamilton; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Sniveley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavell, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jackes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

OFFICIAL DEPARTMENT.



Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Madden, R.N., Supt. of Nurses, City Hospital, Hamilton; Secretary, Miss Scott, 11 Chicora Ave., Toronto.

The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Secretary, Miss Stewart, Supt. of Nurses, General Hospital, Toronto.

The Association of Hospital Superintendents of Canada.—President, Dr. Boyce, Supt. General Hospital, Kingston; Secretary, Dr. Dobbie, Supt. Tuberculosis Hospital, Weston.

The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gaud, 375 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 596 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 639 Sixth St., Harriston.

The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave, Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 George St.

The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.

The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy, Mrs. W. J. Crothers, Jr., 86 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.

The Toronto General Hospital Alumnae Association.—President, Miss Julia Stewart, 12 Selby St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.

The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec., Miss E. Ross Greene, Hospital for Incurables.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 97 Delaware Ave.

Nicholl's Hospital Alumnae Association.—President, Miss Dixon, 501 Water St.; Secretary, Mrs. Jackson, 567 Pater son St.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The annual meeting of the Toronto Branch of St. Barnabas' Guild was held on Saturday, June 10th, at the Lakeside Hospital. There were present the chaplain, superior, nine members and two visitors. Tea was served on the verandah, and the annual service was held, with an address on "The Trinity," by the chaplain.

The secretary's report was then read. There were seven meetings during the year; average attendance nine; three new active members and two associates were received. There were three resignations and one member passed away.

The meeting adjourned after a very pleasant afternoon. The first meeting of the coming season will be held on the first Monday in November, at 8 p.m.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from August)

The captains, "Capi di Guardia," numbering seventy-two, representing the number of the disciples sent out by Christ, consist of ten prelates, fourteen nobles, twenty priests, and twenty-eight citizens not of noble birth, and these only have a voice in the administration of the company. The King of Italy and the Archbishop of Florence are ex-officio Capi di Guardia, and the Princes of the House of Savoy are all honorary members of the Misericordia.

(Continued on page 478)

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, Victoria Avenue, Eglinton; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss L. L. Rogers, 908 Bathurst Street, Toronto; Miss Jean C. Wardell, 171¹ Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss Pringle, 23 Park Road, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 418 Sumach Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

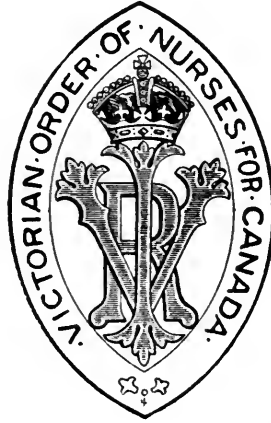
The Toronto Graduate Nurses' Club have secured a room in the new Foresters' Building, College Street, near Yonge, for their headquarters. The members of the club are to be congratulated on having secured such conveniently situated headquarters, and the members will enjoy the pleasures of the reading room.

The G.N.A.O. hopes to share in the privileges of this room. This will be a great convenience, for in the work of registration it will facilitate matters to have books of reference so easily obtainable.

The members of the G.N.A.O. have overlooked the request for suggestions as to appointments to the Council. This is necessary to complete the Bill. Kindly send all names to the Secretary.

The Treasurer is ready to receive the fees for 1911-12. The members are respectfully requested to attend to this promptly.

Nurses are requested to keep in mind the calendar which is to be issued by the G.N.A.O., and which, it is hoped, will be ready in good time for the Christmas sale. Particulars later.



**EXTRACTS FROM LETTER RECEIVED FROM MISS M. L. MELLEFOUT,
A.V.O.U. NURSE, IN QUESNEL, B.C.**

“My wonderful journey is ended, and I am safely in the most surprising little hospital that you can imagine. I am sending you a post card with photo of it. I cannot describe my ride over the mountains without using sheets of paper, but it was one continuous joy—a veritable moving picture. The Cariboo Road is wonderful, just as smooth and well graded as a suburban road, curving in and out, never more than half a mile of straight road, up hill and down, clinging to the sides of precipices, passing through ranches, typically wild and woolly. But still the comfortable houses, sounds of pianos and graphophones, automobiles going and coming, comfortable farm wagons and carriages, telegraph and telephone wires—all made one forget that miles of wilderness were between one and civilization, as represented by the C.P.R. But the sight of the stage coach and prairie schooners drawn by four to eight teams of horses, an Indian galloping on horseback, and the consciousness that the telegraph wires ran into Dawson, as well as the most marvellous scenery—all reminded one that it is a new and wonderful country, and the pioneer spirit could not help but make itself felt. Still, riding in an automobile seemed rather an unusual pioneer proceeding. But I did the orthodox things at the beginning of the journey.

“After assuring me that the journey could be made by auto as well as by stage, the agent at A. decided that as there was an uncertainty as to whether there was a seat for me in either of the cars going out that morning, the wisest plan was for me to go on with the stage, and let the auto pick me up along the trail. I do wish I could describe the stage. But it was exactly what you have seen in the illustrated Western stories. High and red, drawn by two teams of horses, seats in tiers on top—my particular seat by the driver, where every jolt and every down grade one had to stand on one’s toes, and nothing to hold on to. But I saw some glorious views, and the way that driver held in four horses, applied brakes, and came down steep hills on the sides of precipices was something never to be forgotten. Although I rather ached all over from my spring-

(Continued on Page 480)



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly committee meeting of the C.N.A. was held in the reading room on August 7th. The Registrar reports a busy month.

It was with deep regret that the members learned of Dr. Church's death, and Miss Phillips was asked to convey to Mrs. Church our united sympathy.

Miss M. Fortescue, who was operated upon for appendicitis recently in the Montreal General Hospital, is recovering rapidly.

Miss R. Moffatt has returned from New Orleans, and is spending the summer in Longueile.

Miss Sara Fraser is spending her holiday in Renfrew, Ont.

Miss Sullivan has quite recovered from her operation for appendicitis, and is nursing at the R.V.H.

Mrs. Lanagan has charge of a very neat little ward in the departmental store of Goodwin's, Ltd. She looks after the health of the employees and cares for any emergency cases. Other cities have realized this need and supplied it, but this is an innovation in Montreal.

Miss M. Armstrong is assisting Miss Baikie at Lachine General Hospital.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

*My soul will be a-dry before,
 But, after, it will thirst no more.*

“To be honest, to be kind—to earn a little and to spend a little less, to make upon the whole a family happier for his presence, to renounce when that shall be necessary and not to be embittered, to keep a few friends, but these without capitulation—above all, on the same grim condition, to keep friends with himself—here is a task for all that a man has of fortitude and delicacy. * * * In his own life, then, a man is not to expect happiness, only to profit by it gladly when it shall arise; he is on duty here; he knows not how or why, and does not need to know; he knows not for what hire, and must not ask. Somehow or other, though he does not know what goodness is, he must try to be good; somehow or other, though he cannot tell what will do it, he must try to give happiness to others.”—R. L. Stevenson.

HOSPITALS AND NURSES

Miss O. Standish (Vancouver General Hospital) has accepted a position in the Royal Inland Hospital, Kamloops, B.C.

Miss Ruth Parker, Novar, Ontario, has completed her training in Christ Hospital, Jersey City, N.Y., and expects to go West in September and take up private work.

Miss Andrews and Miss Stewart, of Fernie, B.C., who took the post-graduate course in school nursing in Toronto in June, have returned to the West.

Miss Cunningham, who has been in charge of the Outdoor Department of the Royal Victoria Hospital for the past two years, has left to take the position of head nurse of the operating room in the Lakeside Hospital, Cleveland. Miss Munroe, who has been assistant in the operating room (R.V.H.), has been appointed to the position.

Miss Ponton (Class of 1910), R.V.H., and Miss Turner (Class of 1911) have been appointed assistants in the operating room of the Royal Victoria Hospital, Montreal.

In the Royal Victoria Hospital a new men's surgical ward is being opened, making a capacity of sixty-four beds for men's surgical cases, and a wing containing twenty private rooms is being added to the hospital. This will bring up the number of private rooms to about seventy. These changes will, of course, necessitate an addition to the nursing staff of the hospital.

Miss Kathleen Macdonald, Graduate of St. Michael's Hospital, Toronto, is head nurse at the "Home Hospital," Gloucester Street, Toronto.

Miss Redmond leaves Stratford General Hospital, where she has been head nurse, to become superintendent of the G. and M. Hospital, Owen Sound.

Dr. R. A. Reeve, Toronto, was honored by Birmingham University with an honorary degree. Dr. Reeve was welcomed as a representative of the Overseas Dominions.

The new Nurses' Residence in connection with the General Hospital, Niagara Falls, Ont., will be finished in early autumn, and will prove a great comfort to the nurses, as well as increase the capacity of the hospital.

Mrs. Staebler, Superintendent of the Stratford General Hospital, has resigned her position to become Superintendent of the Sherbrooke Protestant Hospital, Sherbrooke, Que. Mrs. Staebler assumes her new duties on Sept. 1st.

Dr. Howard T. Karsner, lecturer on pathology at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, and demonstrator at the Medical Department of the University of Pennsylvania, has been appointed associate professor of pathology at the Medical School of Harvard University.

Dr. Daniel D. Hoyt, demonstrator in the Medical Department of the University of Pennsylvania, has been appointed as lecturer to the students in training at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., and will assume his duties in August.

Miss Clara F. MacKenzie, of Philadelphia, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged by the White Sulphur Springs Hotel, White Sulphur, W. Va., to take charge of its hydriatic and massage departments.

The Queen Alexandra Imperial Military Nursing Service are placing in their chapel a stained glass window and a recording alabaster tablet in memory of their foundress, Florence Nightingale. This is being done on the initiative of the Matron-in-Chief and the principal Matrons, who have raised the funds solely amongst the past and present members of that Service, and those who formerly belonged to the Army Nursing Service. The subject of the window will be the appearance of our Lord to Mary Magdalene in the Garden.—British Journal of Nursing.

Upon invitation, Mr. Max J. Walter, Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, gave several lectures on "Re-Educative Gymnastics in Locomotor Ataxia," and on "The Future of Mechanical Treatments Executed Under Medical Direction," to the students of the Chautauqua Summer School of Gymnastics, at Chautauqua, N.Y., which school is under the direction of J. W. Weaver, M.D., of Yale University.

The following graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, were placed into institutional positions by the above-named school during the latter part of July: Miss Etta B. Propst, Corliss, W. Va., Baltimore City Hospital, McKendree Hospital, at Dr. DuBose's Sanatorium, Selma, Ala.; Miss Theresia Lindstrom, Philadelphia, at Dr. Strong's Sanitarium, Saratoga Springs, N.Y.; Mr. Peter C. Fitzpatrick, Philadelphia, at the Hannick Sanitarium, Scranton, Pa.; Miss Cora M. Chatham, Lock Haven, Pa., at the Sanitarium at Cambridge Springs, Pa.; Miss Mary W. Vare, Hammonton, N.J., at The Homestead, Hot Springs, Va.

At the end of the Spring courses in Mechano-Therapy, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.: Marie L. Hyrup-Pedersen, Laramie, Wyo., grad. Dr. Sargent's School of Gymnastics, Cambridge, Mass.; Florence C. Mason, Philadelphia; Kathryn C. Falsey, Elmira, N.Y.; Eugene P. Sullivan, grad. Gowanda Hospital, Gowanda, N.Y.; Annie M. Woodbury, R.N., Lakehurst, N.J., Salem Hospital, Salem, Mass., West End Infants' Hospital, Boston, Mass.; Fannie S. Frantz, Niagara Falls, N.Y.; Alma Snipes, Georgia State Sanitarium, Milledgeville, Ga.; Mabel M. Killer, New York, S. R. Smith Infirmary, Staten Island, N.Y.; Presbyterian Hospital, New York; M. Calliope Burris, San Luis Potosi, Mexico; Helen E. Caulfield, San Jose, Cal., Philadelphia General Hospital, Philadelphia, Pa.

Miss McCulloch (Class of '09), Collingwood G. and M. Hospital, entertained the graduating class to a gasoline launch ride on the Georgian Bay, one beautiful moonlight night recently. Afterwards dainty refreshments were served.

Capt. and Mrs. Coles took the nurses of the G. & M. Hospital for a delightful trip to the mouth of the Nottawasaga on Saturday, August 5th. On arrival a most delicious picnic tea was served, to which ample justice was done. The party arrived home at 10 p.m., after one of the most enjoyable trips of the season.

The Ladysmith General Hospital, Nanaimo, B.C., was opened on July 18th, by Hon. Dr. Young, Provincial Secretary. Dr. Young delighted the hearts of the directors by promising to pay all expenses in connection with the ward that should be named "The Young Ward." The Mayor also promised substantial assistance.

Edmonton has voted \$53,000 for a Nurses' Residence and more equipment for the new Alexandra Hospital.

The regular monthly meeting of the Central Registry Committee was held at 569 Bathurst Street on Monday, July 3rd. Members present were: Misses Carnochan, Waddell, Gray, De Vellin, Weyer and McKenzie. Miss Carnochan was appointed convener till the annual meeting in November. The committee decided to donate three hundred dollars to the Central Registry Extension Fund, which has been started for the purpose of assisting the family of moderate means to have skilled nursing in time of severe illness.

Registry calls for June 109, personal 86, total 195. Nurses on roster 384.

Balance in savings account \$1,413.61, and in current account \$142.68.

Registry calls for July were 150, personal 70, total 220.

Balance in savings account \$1,413.61, and in current account \$284.25.

We regret the loss by death of one of our members, Miss Beatrice Blackstock, a graduate of the Presbyterian Hospital, Philadelphia. She passed peacefully away Thursday, July 20th, after an illness of more than a year in the General and Marine Hospital, Collingwood. As Miss Morton tells us, hers was a brave soul, and she fought well, always looking forward to the time when she would be back at her beloved profession again. But such was not to be. The funeral services were held at the hospital, the pupils in training singing her two favorite hymns, "Peace, Perfect Peace," and "Jesus Lover of My Soul."

The graduating exercises of the Training School for Nurses of St. Joseph's Hospital, Chatham, Ontario, were held in St. Joseph's Hall, Cross Street, on the evening of July 4th. The graduates were five in number, viz., Misses Bessie J. Ritchie, Bessie J. Gregory, Margaret L. Lydon, Hannah L. Richardson, Marie A. Peek. The following is the programme: Entrance March, Orchestra; Opening Address, Mayor Brackin; Vocal Solo, Mr. Angus; Address, Dr. McKeough; Vocal Solo, Miss McDonald; Selection, Orchestra; Vocal Solo, Master Walter Charteris; Selection, Orchestra; Valedictory, Miss Marie Peek; Address, Dr. Charteris; Presentation of Medals and Diplomas, Rev. Father James, O.F.M.; Selection, Orchestra; Chorus, Nurses; "God Save the King." Afterwards a reception was held in the auditorium, followed by refreshments.

Regina's splendid new General Hospital was opened on June 8th. It is one of the best-equipped in Canada, and will accommodate in the main building and

isolation department (a separate two-storey building) 125 patients. The roof garden will provide a comfortable resting place in the fresh air for convalescent patients. Regina is justly proud of this fine, well-equipped and thoroughly up-to-date institution.

The graduating exercises of the Berlin and Waterloo Hospital took place at Berlin on June 15th, when three nurses—Misses Rolona V. Roos, Minnie Fulton and Agnes Koelin—received their diplomas. President J. B. Hughes occupied the chair. In his opening address, Mr. Hughes expressed the Board's appreciation of the splendid work done by the Ladies' Auxiliary, and also tendered the thanks of the Board to Mr. G. O. Philip for the very useful tuberculosis tent. Dr. Fischer, of Waterloo, addressed the graduates. Mr. Hughes presented the diplomas, and Hon. W. L. M. King presented the class pins. Mayor Schmalz spoke briefly, referring to Mrs. Bowman's efforts to get the training school registered, which, he thought, should be easily accomplished, as the fullest course was pursued. The Mayor also promised that the money for the new extension should be forthcoming. Every speaker paid a high tribute to the Lady Superintendent, Mrs. Bowman, under whose capable direction the hospital had attained such marked success, and many highly qualified nurses had graduated. The gold medal for general proficiency was won by Miss Roos, and presented by Mrs. George Wegenast. The silver medal was presented by Mr. R. Smythe to Miss Fulton, and the nurse's chatelaine by Miss Riddell to Miss Koelin.

The graduating exercises of the Lady Stanley Institute Training School, of the Protestant Hospital, Ottawa, were held in the Lecture Hall of the Institute on the afternoon of May 30th, 1911, when twelve nurses were graduated. The President, Col. J. W. Woods, occupied the chair. The invocation was by the Rev. Mr. McKay, of Christ's Church. Addresses were given by the Rev. James Little, of St. Paul's Church, and by Dr. Weagant, of the Hospital Medical Board. The diplomas and medals were presented to the nurses by Mrs. W. C. Perkins, President of the Hospital Ladies' Auxiliary. The special prize—a nurse's kit—was presented to Miss Kate Forneri for highest rank, by Mr. W. E. Matthews, Chairman of the Hospital Committee. Mrs. Perkins and Miss Catton, Superintendent of Nurses, were presented with beautiful bouquets of pink roses by the graduating class. The Institute was prettily decorated with flags, bunting and palms for the occasion. A large marquee and two small tents were arranged on the spacious lawn, where refreshments were served by the Ladies' Auxiliary. The Guards' Band furnished the music for the afternoon exercises, and for the usual dance in the evening. The twelve nurses who graduated are as follows: Miss Elsie McKinnon, Arnprior, Ont.; Miss Winnifred Bredin, Woodlands, Ont.; Miss Jennie Simms, Mountain, Ont.; Miss Margaret Lee, Carleton Place, Ont.; Miss Kate Forneri, Kingston, Ont.; Miss Christine McColl, Ottawa, Ont.; Miss Evelyn Singleton, Carleton Place, Ont.; Miss Margaret Ralph, Ottawa, Ont.; Miss Catherine Flack, Ottawa, Ont.; Miss Yvonne Doucet, Montreal, Que.; Miss Victoria Ray, Ottawa, Ont.; Miss Annie Mabel McLeod, Ottawa, Ont.

The Thunder Bay Graduate Nurses' Association held their regular monthly

meeting on June 1st at McKellar Hospital, Fort William. The Association welcomed Miss Johns, who had that day entered upon her duties as Lady Superintendent. On May 26th the members of the Association gave a linen shower to Miss Davidson, the retiring Lady Superintendent, who much appreciated the kindness of the Association. Dr. and Mrs. Cooke (née Davidson) are enjoying an extended trip abroad. They will reside in Fort William.

The annual luncheon of the Alumnae Association of the Toronto General Hospital Training School for Nurses, held June 16th on the Hospital lawn, was a most enjoyable function. The graduating class of 1911 were the guests of the Alumnae. Among the other guests were Dr. MacMurehy, representing the medical profession; Mrs. Fairbairn, representing the press, and Miss Elwood, Superintendent of the Evangelia Settlement. The day was perfect, the good things all that could be desired, and everyone seemed possessed by the spirit of enjoyment. And the toasts were not the least enjoyable part, for the many appropriate and cheery, pithy addresses were a delight to all.

After the toast to the King had been honored, Miss Snively was called upon to respond to the toast, "Our Country," which she did in a short and very interesting address. Other toasts were "Our School, Past and Present," responded to by Miss Janet Neilson; "Superintendents of Training Schools," responded to by Miss R. L. Stewart, Superintendent of Nurses, Toronto General Hospital; "Class of 1911," by Miss Flora Cameron; "Absent Graduates," by Miss Flaws; "Married Graduates," by Mrs. Mill Pellatt; "The Medical Profession," by Dr. MacMurchy; "The Press," by Mrs. Fairbairn.

At the close of Miss Stewart's address, she proposed two toasts which were honored in silence, one to the late Florence Nightingale, the Mother of Nursing, and the other to the late Isla Stewart, whose noble work and untiring zeal for the profession will never cease to be remembered. At the close the nurses repaired to the lecture room of the Nurses' Residence for the annual meeting.

The Florence Nightingale Association held their last regular meeting at the Residence, Hospital for Sick Children, on Friday evening, May 19th, at 8 p.m. Dr. Ernest Jones gave an interesting lecture on nervous diseases. The next meeting (the last for this season) will be the annual picnic.

The Commencement Exercises of the Hamilton City Hospital Training School for Nurses were held at the Nurses' Residence on Thursday, June 22nd, at 3 p.m., Mr. John Billings, chairman of the Board of Governors, presiding. The address to the graduating class was given by Miss M. Ard MacKenzie, Chief Superintendent of the Victorian Order. As usual, Miss MacKenzie made a very telling speech, clear and logical, giving the nurses a broad view of the place the nursing profession holds in the life of to-day. The Rev. Mr. Ten Eyck, of St. Peter's Church, presented the diplomas, and the Rev. Father Coty the medals, both gentlemen congratulating the nurses and wishing them God-speed. Rev. W. F. Langrill, Medical Superintendent, read the report of the Training School, and then in very feeling words presented the scholarship founded in memory of Mary McLaren House, the beloved Superintendent of the Training School for the five years previous to her death in March, 1910. Miss Elizabeth F. Bell was the winner of the scholarship. There were nineteen

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nurses in the class—Misses Mary J. Kennedy, Bartonville; Winnie A. Wilkin, Birr; Clara E. Waller, Bartonville; Minnie H. Stuart, Hamilton; Catherine E. Flock, Burlington; Elizabeth F. Bell, Walkerton; Ada Rothwell, Vancouver; Lillian J. Overholt, Hamilton; Mary Aitken, Glenannan; May Carscallen, Bartonville; Lillian R. MacLeod, Milton West; Gertrude Price, Toronto; Ethel M. Webster, Madoc; Ethel Freemantle, Vienna; Anna V. Kells, Listowel; Charlotte Marion Still, Saskatoon; Elizabeth M. Aitken, Teeswater; Margaret E. MacEachren, Gravenhurst; Marion B. Ross, Hamilton. The usual dance took place in the evening, and was greatly enjoyed in spite of the heat.

A very enjoyable social event took place in the lecture hall of the Ottawa General Hospital, in connection with the graduation exercises of the ninth class of that Training School. The programme opened with a musical selection by Miss V. Gravelle, which was much applauded. This number was followed by an address by Dr. Chevrier, Chairman, who spoke in his usual humorous style. Dr. O'Brien was called upon to speak to the graduate nurses, and his address consisted of many words of congratulation, and thanks to them on behalf of the staff for the good work they had industriously performed during their course of training. In his closing remarks he offered much sound advice, and good wishes to the nurses in their career.

The distribution of diplomas and medals followed, Mrs. Brophy, Secretary of the Ladies' Auxiliary, pinning on medals, while Mrs. M. J. Gorman presented diplomas to the following young ladies: Miss Mary Quinn, Ottawa; Miss Frances Lyons, Ottawa; Miss Donalda Lanctot, Ottawa; Miss Margaret Spooner, Buckingham; Miss Bridie Power, Waterford, Ireland, and Miss Katherine Deegan, Wexford, Ireland. Miss D. Lanctot and Miss B. Power, having equal marks in surgery, drew for Dr. Chabot's medal. The medal was won by Miss Lanctot, but the Ladies' Auxiliary graciously presented a similar medal to Miss Power. Miss M. Spooner merited the prize for highest percentage on totals.

Miss V. Gravelle again delighted her audience with a vocal selection, after which Rev. James Fallon delivered the closing address. He complimented the nurses on the successful termination of three years' labor, and urged them to perform the work of their profession to the best of their ability. "God Save the King" closed the programme, and the guests all repaired to the prettily decorated lawn, where dainty refreshments were served by the members of the D'Yonville Alumnae Association.

Among the numerous guests present were: Rev. Fathers Plantin, Sloan, Fallon, Fitzgerald and Sherry; Sir James Grant, and Doctors Chevrier, O'Brien, Nagle, Young, Smith, Valin, Brunet and Legault; Rev. Mothers Duhamel and Kirby, and the members of the Ladies' Auxiliary.

Peterboro—This is vacation time, and the Nicholls Hospital Alumnae Association is having a rest. Our two Delegates to Niagara—Miss Dixon and Miss Brown—came back enthused by their delightful trip, and the opportunity given them of meeting and listening to the earnest, self-sacrificing members who have done, and are still doing, so much for the interests of the profession. We are hoping when our Association meets in September that it shall be with re-

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newed energy and deeper interest. Very much regret is felt because of the departure of Miss McGregor, Assistant Superintendent of Nicholls Hospital, for Vancouver, where she intends to take a year's rest.

The seventh annual convention of the Michigan State Nurses' Association convened at Jackson, May 3rd, 4th and 5th. It was a most interesting meeting and much enjoyed by all. The convention was called to order in Library Hall, which had been prettily decorated for the occasion with the State colors. An average attendance was maintained throughout the session. The nurses from the State who read papers were:—Miss Agnes A. Park, Detroit, "The Work of the Visiting Nurse"; Miss Luella Bristol, Ann Arbor University Hospital, "Uniform Standards in Our Training Schools." The report on State registration prepared by Miss E. Haws, Grand Rapids, and given by Miss Vacey, eDtroit, was very comprehensive and gave a clear idea of what had been done and what still had to be accomplished. Two papers given by Miss Edna Goley, Chicago, commanded the closest attention, one on Hospital Social Service work, the other on Tuberculosis Visiting Nursing. The last day of the meeting we were especially fortunate in having with us Miss McIsaac, who spoke with her usual force and conviction on "The Work of the Interstate Secretary." In the afternoon the Superintendents of Training Schools listened to an inspiring talk on their duties and responsibilities. The following officers were elected for the ensuing year:—President, Mrs. Ralph Apted, Grand Rapids; First Vice-President, Miss Fantine Pemberton, Ann Arbor; Second Vice-President, Miss Ida Procter, Saginaw; Treasurer, Miss Kate McDonald, Port Huron; Recording Secretary, Miss Elizabeth Greever, Muskegon; Corresponding Secretary, Miss Millicent B. Northway, Benton Harbor; Councillors, Miss McIsaac, Benton Harbor, and Mrs. L. E. Gretter, Detroit.

One of our Western nurses, Miss Anna A. Hawley, a worker amongst the Cree Indians in Saskatchewan, has received a call to take up work in the foreign mission field. We understand Miss Hawley has not as yet made any definite decision.

The Thunder Bay Graduate Nurses' Association held its fourth regular meeting at the McKellar Hospital, Fort William, in April. It was decided to have one member prepare a paper on some nursing subject for each meeting. The present scale of fees, \$25.00 per week, is to be maintained. The Association now numbers twenty-six.

At the annual meeting of the Manitoba Association of Graduate Nurses held in March the following officers were elected for the year 1911:—President, Miss Ethel Johns; First Vice-President, Miss Cotter; Second Vice-President, Miss Bowman, Portage la Prairie; Third Vice-President, Miss Starr; Recording Secretary, Mrs. Willard J. Hill; Corresponding Secretary, Miss J. Morrice; Treasurer, Miss Alice Andrew.

The meeting next year will be held in Detroit. The nurses and doctors of Jackson made charming hosts and hostesses. Their guests left for their homes, sorry to go, and glad they had been able to enjoy their hospitality.

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WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

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DISORDERS**

(Continued from Page 463)

The novices come next, and are called "Giornanti," because each has a fixed day in the week when he is bound to be on duty. They are 210 in number—thirty-five priests, the rest laymen. The priests say mass and perform other sacred functions, and one of them is always ready in case of sudden death to accompany the body to the mortuary chapel. Twenty-five "Giornanti" are on duty at a time, and have to attend twice a day to perform the routine work of carrying the sick to the hospitals.

The lower grade of novices are called "Stracciafogli" (the name of a temporary day-book in a merchant's office). They are not permanent members, and have no fixed days, but are bound in honor to serve as often as they can.

Last come the "Buonevoglie," or men of goodwill—honorary members, whose only obligation is the payment of 84 centimes a year. Their number is unlimited, and is at present about 1,500.

Each rank furnishes members to fill up vacancies in the rank above.

A candidate for admission to the company must be a citizen of Florence, between eighteen and thirty years of age, a good Catholic, of irreproachable moral conduct, strong and healthy, and not belonging to any ignoble or discreditable trade or profession. The following is a list of excluded ones:—"Barbers, coachmen, cobblers, fishmongers, second-hand dealers, butchers, tumblers, buffoons, and vendors of salame and sausages."

By a quaint old custom, which is still kept up, each member present at a board meeting receives a candle in fee, and outgoing officials receive so many ounces of peppercorns according to their rank. Pepper, as a valuable condiment, was given as a perquisite in other companies.

Twice a day the Misericordia bell tolls to summon the brethren to their duties, at hours varying according to the season, from 5.30 a.m. and 5 p.m. at midsummer, to 7.30 a.m. and 2.15 p.m. in midwinter. But an urgent call may come at any hour of the day or night, and then the bell rings out, twice for a sick person's need, thrice for a death, and the members hurry to the spot, leaving unhesitatingly whatever occupation, business or pleasure they are engaged in. Two or three brethren and two porters sleep on the premises in Piazza del Duomo, to be ready in case of sudden need.

Assembled in the robing-room, they dress at a signal from the head Capo di Guardia present, and after a brief prayer set out with the litters, twelve men to each party, sometimes with a wheeled ambulance. The sick person is carefully installed in the litter, which is provided with mattress, sheets, pillows, etc., and protected with a hood covered with the same black waterproof of which the gowns are made. In cases of great poverty, the "maestro" will take off his hat and silently hand it round, and whatever is put in by the company is left for the family.

As the profession moves off, the hood is raised on one side for ventilation; when this is not done, it is assumed that a dead body lies in the litter, in which case a priest is generally seen walking in front.

(To be Continued)

“hope of relief is the all prevailing thought of the sick, and it is that ability of the attending physician to relieve suffering, which builds his reputation and with it his practice.

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(Continued from page 465)

less, backless, sideless stage coach, I certainly was sorry to get down and begin my journey afresh at the end of thirty-four miles in an ordinary touring car. It was lovely to fly over the country at thirty miles an hour. But we began our disasters by a puncture, then the engine got out of gear—we really had quite an exciting time! The chauffeur was a young Irish boy, who had never been over the road before, and it seems that the car had been over the embankment and was 'not quite right.' So, after a few miles of comfort, we would suddenly stop, get out, hunt for stones and rails, and help get our car out. Our stopping place was 105 miles from A., and instead of getting there for dinner at six, we arrived at midnight to find that six autos and several prairie schooners had arrived long before, and that we were obliged to seek shelter farther on.

"It was decidedly weird, our car stopping every few rods, in dense forest, prospectors' camp fires, men lying in blankets along the trail, and all the weird night sounds of a forest and no habitation within miles. However, after a great deal of difficulty, we reached a comfortable ranch, which was also full of weary travellers, but the men gave up their bed to the women of our party—and the four men of our party, with the ranchers, slept in blankets on the floor.

"Next morning a steady downpour added to our difficulties—all the other autos went on, after giving our chauffeur lots of advice, but no new machinery; we remained behind. Fortunately, two of the men in our party knew a good deal about autos, so that by four in the afternoon we started, full of faith, hoping to reach 150 Mile House for the night. But our troubles were manifold, for mountain wind is an enemy not easily subdued by auto cars, and we all had to work our passage. However, we soon came to a better road, and enjoyed a good dinner and comfortable bed at the Cariboo Trading Company's house.

"The Western spirit of kindness and good cheer is truly grateful, for if anywhere in the world the universal brotherhood of mankind is illustrated it is in the genuine goodwill and kindness shown to a stranger. I found myself among friends from the time I left the train until now, and have been well taken care of. The stopping places are comfortable, the food is good, not elaborate or well served, but far better than one gets in the average country tavern. The price of food is enormous, and now that Fort George is booming it is very scarce. The seasons are very short here, and little is grown. All foodstuffs have to come over the Cariboo by freight, trams or prairie schooners, which means time and great expense, as each schooner needs from four to eight horses, and hay is \$75 a ton! So freight rates are exorbitant, and it is no wonder. It seems amazing how the people have got as much for the hospital as they have."

A post-graduate course in District Nursing—four months—is given at one of the training centres of the Order: Ottawa, Montreal, Toronto, Winnipeg. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto; or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

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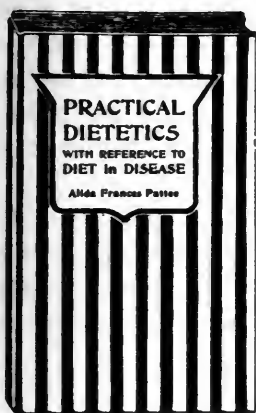
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THE CANADIAN NURSE - Toronto, Canada

PUBLISHER'S PAGE

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, 1711 Green Street, Philadelphia, Pa., wishes to draw attention to its fall classes in Mechano-Therapy, which open in two sections on September 20th and November 15th, 1911. Though there is no further need to mention the complete and renowned facilities of this institution, it might be stated that the curriculum will still further be broadened and improved, as no effort has ever been spared to give the best courses possible. It is the aim of this school to educate its pupils to thoroughly trained operators in Mechano-Therapy, and this can only be done by a residence course in theoretical and practical instruction and actual practice on patients under the supervision of skilled teachers. We assist our graduates to procure positions or in any way possible. To further the interest of our graduates, the Alumni Association issues the Philadelphia Journal of Physiological Therapeutics, the latest copy of which has just appeared. We have secured a lot of these for the benefit of all those who are interested to take up this work. If you are, we will be glad to send you a copy upon request without any charge.

"It is often said that ours is 'a nation of dyspeptics.'" Medical men appreciate how apt this statement is, and never was there a time when it was more true. Only yesterday one of them remarked, with a touch of humor, that 'people are living so fast to-day that they do not stop to masticate their food'—a wise observation, we must admit.

"And besides—in the matter of eating have we not as a race departed from the so-termed simple life? Have we not in more than one way become denatured rather than civilized? It seems that the things people eat to-day are censored to tickle the palate, rather than nourish and upbuild the body, and the consequence of such pleasurable and improper eating is a disordered stomach."—From Brochure on Taka-Diastase.

One is tempted to quote further from this booklet, so interesting is the story—in subject matter and in the manner of its telling. To do so, though, were to defeat the present writer's object, which is to insure a wider audience for the booklet itself—a booklet which is well worth having, whether or not one expects to avail himself of its therapeutic suggestions.

The brochure tells how Taka-Diastase came to be—tells how it is made, and in the language of the distinguished chemist and scientist who evolved and gave to the world this valuable ferment. It explains, in attractive, readable form, how Taka-Diastase acts in defective starch-digestion, in gastritis, in diarrhoea and constipation, in wasting diseases, and in the diet of infants. It contains a full list of Taka-Diastase products and gives hints as to dosage. Altogether it is an important little work, and one that readers of "The Canadian Nurse" are advised to send for. A copy may be obtained by any physician by addressing a request for the "Taka-Diastase Brochure" to the publishers, Parke, Davis & Co., Walkerville, Ontario, providing, of course, the edition has not previously been exhausted.



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MARRIED.

MARSH—BANN—At Weyburn, Sask., May 3rd, 1911, Mrs. Florence Bann, Superintendent of the Eaglesham Hospital, Weyburn, to R. F. Marsh, Esq., of McTaggart, Sask.

PRICE—TAYLOR—At the Church of Transfiguration, New York City, on April 29th, by the Rev. Dr. Houghton, Mr. J. M. Price, of Brooklyn, N. Y., to Miss Marian Taylor, of Brockville, Ont. (graduate of the Montreal General Hospital, class '05).

HODSON—HORTOP—Miss Charlotte A. Hortop, Assistant Lady Superintendent of the Brandon Hospital, was married at St. Mary's Church, Brandon, on May 4th, to R. Swift Hodson, of Lethbridge, Alta. Mr. and Mrs. Hodson left for Europe and will attend the Coronation.

MEREDITH—TAYLOR—On June 21st, at the residence of the bride's aunt, 19 Division Street, Toronto, by Rev. T. Crawford Brown, Miss Nealie Taylor to Mr. W. S. Meredith, Toronto. Mr. and Mrs. Crawford will reside in Montreal.

TYRRELL—MACMILLAN—At Calgary, on June 13th, 1911, by Rev. J. C. Sycamore, Mabel M., only daughter of the late Daniel S. and Mrs. Macmillan, of Erin, Ont., to Mr. Arthur M. Tyrrell, of Kamloops, B. C. Mrs. Tyrrell is a graduate of Grace Hospital, Toronto, class '02.

BROOKE—HARRINGTON—On June 14th, at St. Andrew's Church, Wellington, by Rev. J. Connor, Blanche Leslie, eldest daughter of Mr. and Mrs. N. S. Harrington, to Captain Harold J. Brooke, of Toronto. Captain and Mrs. Brooke will reside at 346 Jarvis Street, Toronto.

BOYLE—GAULD—At Edmonton, on Wednesday, March 23rd, 1911, Mr. William Alfred Boyle to Miss Catherine L. Gauld. At home, Poplar Grove Ranch, Camrose, Alta. Mrs. Boyle is a graduate of the Guelph General Hospital, class '03, and was Head Nurse in Edmonton Isolation Hospital. Mr. and Mrs. William Trout announce the marriage of their daughter

McKEE—MacDONALD—At the residence of Mr. and Mrs. D. S. MacDonald, Lucknow, Ont., on Thursday, July 20th, 1911, by the Rev. F. A. MacLennan, Alexandria MacDonald (Graduate Toronto Western Hospital, Class '09) to J. F. McKee, M.D.

CONNOR—DUKE—On July 5th, in Toronto, Miss Duke (Graduate of Grace Hospital, Toronto) to Mr. Connor.

WODEHOUSE—KEEFER—Mr. and Mrs. Frank Keefer announce the marriage of their daughter, Madeline Daby, to Dr. Robert Elmer Wodehouse, on Wednesday, June 28th, 1911, at Port Arthur, Ontario. Dr. Wodehouse, who was Medical Superintendent of Riverdale Isolation Hospital, Toronto, is Medical Health Officer of Fort William. Miss Keefer was also a resident of Toronto, and is a Graduate of Trinity University, Class '04, and of Havergal, Class '06.

Annie M. to Mr. John A. Little on Tuesday, June 20th, 1911, at Warton, Ont. Mr. and Mrs. Little will reside at Saskatoon, Sask., and will be "At Home" after August 1st.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, OCTOBER, 1911

No. 10

INFANT FEEDING—ANCIENT AND MODERN.

It is a curious fact that until the beginning of the eighteenth century there was no systematic practice of artificial feeding of any sort for babies. If the natural food of the mother was not available, a wet nurse was procured when possible, and if one was not to be had, it is to be supposed that the child died. The period of suckling was then longer than is the custom now; the golden rule was that the child should have cut all its teeth before it was weaned. There was no intermediate stage, when the mother's milk was supplemented by cow's milk, for our ancestors had a prejudice against its use for babies, believing that it frequently set up serious illness. And there is little doubt that they had ground for their belief, when we remember the insanitary state of their houses, and the impossibility of keeping milk sweet in undrained, uncleansed dwellings. Erasmus, describing the houses of Tudor England, remarks upon the rush-strewn floors, beneath which covering of rushes lay untouched from year to year ancient collections of decayed fish and other food, beer, and even more disgusting refuse.

The mortality among infants was, of course, very great, almost incredible to our modern ideas. Dr. David Forsyth, of London, who has published a very interesting pamphlet on the subject of infant feeding, states that in the middle of the seventeenth century it sometimes happened that half the births of a year were wiped out by infantile disease. Rickets claimed a heavy toll, and not only from among the poorer and more ignorant classes, as may be seen from an extract from a letter written by the wife of Sir Harry Verney to her husband in the 17th century: "I must give thee some account of our babyes heare. For Jack his legs are most miserable, crooked as ever I saw any child's, and yett thank god he goes strongly, and is very straye in his body, as any child can bee, and is a very fine child all but his legges." Want of personal cleanliness was universal. Queen Elizabeth is said to have had a bath twice a year, and always with a physician within call. How, then, should the child be unwrapped from its swathes, rollers and bands, to undergo such a venturesome treatment once or twice a day? Perhaps the wonder is that any baby survived, rather than that so many died.

A little book published in 1756 by James Nelson, apothecary, treats to some extent of the diet of young children, and says: "Let children, after the first year, wash down their victuals with light clear small beer," and a German writer, less than 100 years ago, recommends for a newly weaned child a mixture of the yolks of eggs and beer to be taken several times a day. The first artificial food that seems to have occurred to our forefathers for babies was bread pap, not even sweetened, and it was a notable step when Lisbon sugar was allowed to be added to this unappetizing diet.

A little later it began to be the fashion to employ wet nurses. This again led to a terrible mortality among the children, mostly illegitimate, of the foster-mothers, as they were always put out to nurse, and generally with someone whose interest it was to let them die. (There is a horrible story of a note in a parish record against the name of a woman who is recommended as an "excellent killing nurse.") In the Paris Foundling Hospital, between the years 1771 and 1796, only 80 per cent. of the children lived to be a year old, and even worse was their case in the Dublin Hospital, where only 45 children survived of 10,272 who were admitted during 21 years. It was noticed, however, in London, that the mortality among hand-fed children was three times greater than that of breast-fed. The actual difficulties of feeding an infant with a horn spoon or a cup were great enough, and in addition there was little idea of suitable food, and perhaps none at all of the need for clean milk and clean utensils.

At last it entered into the head of some unknown benefactor of the human race that it might be possible to feed babies successfully with cow's milk administered in something that the child could suck at. A cow's horn suggested itself as being suitable, and accordingly a small horn was furnished at the end with a sort of small glove tip, made of two pieces of parchment, and the child contrived to suck through the stitches which connected them. The opportunities for the accumulation of decomposed milk can be imagined, and it is not surprising that a physician of the time says that any child brought up on it was "in danger of falling into the watery gripes."

However, this was a beginning, and the next step was to have a glass horn which might be fitted with a prepared cow's teat. The teat had a way of collapsing as soon as the child began to suck, and to prevent this a piece of sponge was put inside it. The idea was excusable, but what better breeding place for germs could have been devised?

In the middle of the last century much ingenuity was expended on improving both bottles and mouthpieces, and teats of bone, wood, metal and India rubber were tried. But it was found that the latter, on account of the manner in which it was prepared, had a taste so unpleasant that the child would not suck from it. A French bottle, called a "biberon," had a certain vogue and was an improvement in regard to the tube and mouthpiece. A curious advantage claimed for it was that it might "be worn by the female in the position of the breast," and would thus keep warm night and day. Germs again! By the year 1884, or thereabouts, the child was provided with a fairly useful bottle, much resembling that in use now, with the important exception that a long tube, now happily on its way to be abolished, was used in it.

Still the question of the food to be given in the bottle was by no means decided. Should the milk be diluted or plain? And if diluted, in what proportions? How often should the child be fed, and with how much at a time? These details are now to be found in every textbook of nursing, but sixty years ago they were still being debated, with regard to the amount, frequency and temperature. Till lately the general practice was to give cow's milk diluted according to the age of the child, some authorities preferring to boil it. It is to be remarked that now the fashion is to give undiluted milk,

even to very young infants, and to sterilize it rather than boil it. And who can forecast the next development of infant feeding, which has gained ground so enormously in the last half century?

MARY N. OXFORD.

Bristol, England.

THE FAITH THAT HEALS.

By William Osler, M.D., F.R.S., Regius Professor of Medicine, Oxford University.

Nothing in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating not jot nor tittle of its potency. Well indeed did St. Paul break out into the well-known glorious panegyric, but even this scarcely does justice to the Hertha of the psychical world, distributing force as from a great storage battery, without money and without price, to the children of men.

Three of its relations concern us here. The most active manifestations are in the countless affiliations which man in his evolution has worked out with the unseen, with the invisible powers, whether of light or of darkness, to which from time immemorial he has erected altars and shrines. To each one of the religions, past or present, faith has been the Jacob's ladder. Creeds pass; an inexhaustible supply of faith remains, with which man proceeds to rebuild temples, churches, chapels and shrines. As Swinburne says in that wonderful poem, "The Altar of Righteousness":

God by God flits past in thunder, till His glories turn to shades;
God to God bears wondering witness how His gospel flames and fades.
More was each of these, yet they were, than man their servant seemed:

Dead are all of these, and man survives who made them while he dreamed.
And all this has been done by faith, and faith alone. Christendom lives on it, and countless thousands are happy in the possession of that most touching of all confessions, "Lord! I believe; help thou my unbelief." But, with its Greek infection, the Western mind is a poor transmitter of faith, the apotheosis of which must be sought in the religions of the East. The Nemesis of faith is that neither in its intensity nor in its effect does man find any warrant of the worthiness of the object on which it is lavished—the followers of Joe Smith, the Mormon, are as earnest and believing as are those of Confucius!

Again, faith is the cement which binds man to man in every relation in life. Without faith in the editor of the Journal, I would not have accepted his invitation to write this brief note, and he had confidence that I would not write rubbish. Personally, I have battened on it these thirty-six years, ever since the McGill Medical Faculty gave me my first mount. I have had faith in the profession, the most unbounded of humanity; and one of the special satisfactions of my life has been that my brethren have in many practical ways shown faith in me, often much more than (as I know in my heart of hearts) I have deserved. I take this illustration of the practical value of faith that

worketh confidence, but there is not a human relationship which could not be used for the same purpose.

And a third aspect is one of very great importance to the question in hand—a man must have faith in himself to be of any use in the world. There may be very little on which to base it—no matter; but faith in one's powers, in one's mission, is essential to success. Confidence once won, the rest follows naturally; and with a strong faith in himself a man becomes a local centre for its radiation. St. Francis, St. Theresa, Ignatius Loyola, Florence Nightingale, the originator of every cult or sect or profession has possessed this infective faith. And in the ordinary everyday work of the doctor confidence, assurance (in the proper sense of the word) is an asset without which it is very difficult to succeed. How often does one hear the remark, "Oh! he does not inspire confidence," or the reverse! How true it is, as wise old Burton says: "That the patient must have a sure hope in his physician. Damascen, the Arabian, requires likewise in the physician himself that he be confident he can cure him, otherwise his physic will not be effectual; and promise withal that he will certainly help him, make him believe so at least. Galeottus gives this reason because the form of health is contained in the physician's mind, and as Galen holds confidence and hope to be more good than physic, he cures most in whom most are confident;" and he quotes Paracelsus to the effect that Hippocrates was so fortunate in his cures not from any extraordinary skill, but because "the common people had a most strong conceit of his worth."

Faith is indeed one of the miracles of human nature which science is as ready to accept as it is to study its marvellous effects. When we realize how vast it has been in history, the part which it has played in the healing art seems insignificant, and yet there is no department of knowledge more favorable to an impartial study of its effects; and this brings me to my subject—the faith that heals.

Apart from the more specific methods to be dealt with, faith has always been an essential factor in the practice of medicine, as illustrated by the quotations just given from Burton. Literature is full of examples of remarkable cures through the influence of the imagination, which is only an active phase of faith. The late Daniel Tuke's book, "The Influence of the Mind on the Body," is a storehouse of facts dealing with the subject. While in general use for centuries, one good result of the recent development of mental healing has been to call attention to its great value as a measure to be carefully and scientifically applied in suitable cases. My experience has been that of the unconscious rather than the deliberate faith healer. Phenomenal, even what could be called miraculous, cures are not very uncommon. Like others, I have had cases any one of which, under suitable conditions, could have been worthy of a shrine or made the germ of a pilgrimage. For more than ten years a girl lay paralyzed in a New Jersey town. A devoted mother and loving sisters had worn out lives in her service. She had never been out of bed unless when lifted by one of her physicians, Dr. Longsreth and Dr. Shippen. The new surroundings of a hospital, with the positive assurance that she could get well with a few simple measures sufficed, and within a fortnight she walked round the hospital square. This is a type of modern miracle that makes one appre-

ciate how readily well-meaning people may be deceived as to the true nature of the cure effected at the shrine of a saint. Who could deny the miracle? And miracle it was, but not brought about by any supernatural means. I had the good fortune to be associated for five years with Weir Mitchell, and saw much of the workings of that master mind on the Sisters of Sir Galahad and the Brothers of Sir Percivale, who flocked to his clinics. His extraordinary success, partly due to the rest treatment, was more largely the result of a personal factor—the deep faith the people had in his power to cure. And it is in this group particularly that the strong man, armed with good sense, and with faith in himself, may be a power for good. And the associations count for much. Without any special skill in these cases, or special methods, our results at the Johns Hopkins Hospital were most gratifying. Faith in St. Johns Hopkins, as we used to call him, an atmosphere of optimism, and cheerful nurses, worked just the same sort of cures as did Aesculapius at Epidaurus; and I really believe that had we had in hand that arch-neurasthenic of ancient history, Aelius Aristides, we could have made a more rapid cure than did Apollo and his son, who took seventeen years at the job!

Outside the profession, faith has always played a strong role as a popular measure of cure. There are at present four plans, all of which illustrate phases of an old-time practice.

1. In England a small sect, the Peculiar People, carry out a consistent gospel system of faith healing. A pious, simple folk, only heard of when in collision with the law of the land, they base their belief on the plain sayings of Scripture, "Whatsoever ye shall ask in My name," etc. The prayer of faith is all they need, and in consequence, when one of their number dies there is an inquest, and someone is sent to prison for criminal negligence. One of the recent cases was very pathetic, as both father and mother expressed the most touching confidence that what God willed was best for their child with scarlet fever, and what they asked in prayer would be granted. This primitive Christian attitude towards disease has never lacked adherents in the church, and mediaeval literature is full of illustrations of a practice identical with that of the Peculiar People.

2. The Christian Church began with a mission to the whole man—body as well as soul—and the apostolic ministry of health has never been wholly abandoned. Through the Middle Ages the priests had care of the sick; many of the most distinguished physicians were in holy orders, and even after the Reformation in this country, much of the ordinary medical practice was in the hands of the clergy. But the most characteristic development of Christian faith healing has been in connection with certain saints and shrines. The early church found the popular belief in Aesculapius so deeply engrained that many rites of the temples were deliberately adopted, such as incubation and the practice of votive offerings. The temple sleep, in which methods of cure were suggested in dreams, was continued until recent times, and indeed has not yet been abandoned. Certain saints had special powers—St. Cosmos and St. Damian became the patrons of surgery; St. Antony and St. Vitus had well-known virtues. Belief in the healing power of relics became universal. The Reformation made a small section hostile, but a large majority of all Christians still

believe strongly in the power of the saints to cure disease. The votive offerings which cover the walls of many Catholic churches on the Continent, accompanied with grateful inscriptions, are modern counterparts of the old practice in the Aesculapian temples. Miracles are still as common as blackberries, and new saints and new shrines are in active manufacture. The process may be studied in the history of Bernadette Soubirous, the 14-year-old ecstatic, who fifty years ago had visions of the Virgin at Lourdes, now the most popular faith resort in Europe. The cures are often genuine, and the miracles are of the same kind and as well attested as are those of Epidaurus. More people, it is said, frequent Lourdes than all the hospitals of France, and the same is true in Canada of the most popular shrine of the New World—St. Anne de Beaupre. In the English-speaking world and in Germany, faith has been chilled by the Reformation, and even among Catholics this mode of healing is not much in favor. I do not know of a single popular shrine in the United States, the country of all others in which Roman Catholicism presents the most rapid development. In England there has not been an active medical saint for 300 years.

3. History repeats itself, and we are to-day deep in the throes of an intellectual change quite as striking as that which came over the Graeco-Roman world when disbelief in the gods, started by the philosophers, filtered into common life. Men sought other resting places—some with Zeno and the Stoics, others with Epicurus, while thousands remained in the misty mid-region of uncertainty. The cults which had ministered to the religious wants gradually lost their hold on the people, while the new sects appealed chiefly to the intellectuals. Christianity came, and, winning its way from below upwards, swept away many cults, absorbed others, and gradually destroyed the sects. Once again old beliefs are in the melting pot. Modernism, the culmination of the spirit of the Renaissance, has changed the fundamental aspects of humanity, and the new wine in the old bottles has had the usual effect. A great gulf has been opened between pastor and flock, and the shepherdless sheep at large upon the mountains have been at the mercy of anyone who could pipe new tunes. One result of this intellectual and spiritual unrest is of great practical interest to us as physicians, and of still greater interest to all students of psychology. A new cult has arisen, attractive and aggressive, unlike in many ways anything hitherto seen. It was only natural (and the punishment fits the crime!) that such a cult should come from the United States, the country which possesses a larger number of separate sects than any other in the world. That the founder should be a woman profoundly ignorant of theology and of science, without, indeed, a single bond between the professors of the one or the practice of the others, was in itself a favoring element. A disciple of an American Spiritualist, Mrs. Eddy had one strong conviction—the paramount importance of the things of the spirit. Never before in a history surcharged with examples of credulity has so monstrously puerile a belief been exploited. To deny the existence of disease, to deny the reality of pain, to disregard all physical measures of relief, to sweep away in a spiritual ecstasy the accumulated wisdom of centuries in a return to Oriental mysticism—these, indeed, expressed a revolt from the materialism of the

latter half of the nineteenth century at once weird, perhaps not unexpected, and, to a student of human nature, just a bit comic. One cannot but smile to think that this has happened at the very time when the Goddess of Reason was priding herself on the brilliancy of the accomplishments of her devotees! It is, indeed, a salutary lesson in humility, and serves to remind us that our deliciously credulous human nature is still plastic and receptive. To some a sign of decadence, to me the growth of Christian Science and of Mormonism is among the hopeful indications that we are in the childhood of the race. Only in the welter of a new world, untrammelled by a past and by regard for authority, among a people too much absorbed in business to work out for themselves any mental salvation, could such a chaotic mass of rubbish have had any measure of successful acceptance. And, as I said, the punishment fits the crime. For generations the people of the United States have indulged in an orgie of drugging. Between polypharmacy in the profession and quack medicines, the American body had become saturated ad nauseum, and here indeed, was a boon even greater than homeopathy! No wonder the American spirit, unquiet in a drug-soaked body, rose with joy at a new Evangel. In every country there were dyspeptics and neurasthenics in sufficient numbers to demonstrate the efficacy of the new gospel! But the real secret of the growth of Christian Science does not lie in the refusal of physical measures of relief or the efficacy of prayer, but in offering to people a way of life, a new Epicureanism which promises to free the soul (and body) from fear, care and unrest; and its real lever is the optimism which discounts the worries of the daily round. It has done the profession good in awakening an interest in a too-much-neglected section of rational therapeutics. The tragic side of the story lies in the valuable lives sacrificed to the fanatical ignorance of so-called healers. The miracles of Christian Science are the faith cures which we all know so well. They are exclusively in the realm of functional disorders. I have not met with any case of organic disease permanently cured. I know of reputed cures of locomotor ataxia; two of these patients still take opium for the lightning pains.

4. And, lastly, there has arisen in the United States a form of faith healing known as the "Emmanuel Church Movement," which originated in Boston with the Rev. Dr. Worcester, an able and distinguished clergyman of the Episcopal Church, who had had a good training in psychology under Fechner at Leipzig. Curiously, the idea arose out of the success which had attended the organization among the members of his church of classes for the home treatment of tuberculosis by my friend and former pupil, Dr. J. H. Pratt. It was suggested that the church might undertake the treatment of nervous troubles by mental and spiritual agencies. As the Rev. Lyman Powell says: "The only magic known in the Emmanuel movement is the magic of a mind surcharged with faith, and operative within bounds set by the scientific doctor." Here, again, the success will depend in the individual character of the man conducting the movement. The class organization, the association with church services, and the confidence inspired by the co-operation of pastor and doctor have been favoring features. Only in existence for a few years, it is impossible to say what the future has in store, but it is an honest attempt to

bring back that angelical conjunction, as Cotton Mather calls it, of physic with divinity.

Briefly stated, this is the status of the faith problem in medicine to-day. Others will analyze its workings, the relation to suggestion, to the subconscious self, etc. Not a psychologist, but an ordinary clinical physician concerned in making strong the weak in mind and body, the whole subject is of intense interest to me. I feel that our attitude as a profession should not be hostile, and we must scan gently our brother man and sister woman who may be carried away in the winds of new doctrine. A group of active, earnest, capable young men are at work on the problem, which is of their generation and for them to solve. The angel of Bethesda is at the pool—it behooves us to jump in!—British Medical Journal.

THE COUNCIL OF WOMEN, ITS AIMS AND OBJECTS.*

How can it benefit the Nurses' Alumnae Association?

How can they help in it?

1. The International Council of Women is a federation of National Councils—unions of women formed in the various countries for the promotion of unity and mutual understanding between all associations of women working for the common welfare of the community.

2. The preamble to the Constitution indicates the chief bond of union which unites its members and is as follows:—"We, women of all nations, sincerely believing that the best good of humanity will be advanced by greater unity of thought, sympathy and purpose, and as an organized movement of women will best conserve the highest good of the family and state, do hereby band ourselves together in a confederation of workers to further the application of the golden rule to society, custom and law."

3. The objects of the International Council are:—1st, to provide a means of communication between women's organizations throughout all countries. 2nd, to provide opportunities for women from all parts of the world to meet together and to confer upon questions relating to the welfare of the family and commonwealth.

(It is always to be remembered that this International Council is organized in the interests of no one propaganda, has no power over its members beyond that of suggestion or sympathy, so no National Council voting to become a member of the International Council shall render itself liable to be interfered with in respect to its organic unity, independence or methods of work, nor shall it be committed to any principle or method of any other Council or to any utterance or act of the International Council beyond compliance with the terms of its Constitution.)

4. The organization of the International Council is due to a company of earnest American women, who, after consulting friends in England and France, decided to convene a representative assembly of all countries possible at Washington in 1888 to consider the possibility of organizing International and National Councils of Women, and elected Mrs. Fawcett its first

*Address to the Alumnae Association, Victoria Hospital, London, Ont.

President, Miss Clara Barton of Red Cross fame its first Vice-President, and Mrs. Foster Avery its Corresponding Secretary. On the same occasion the National Council was formed with Miss Frances Willard as President. For five years after its inception the International Council did not make any definite forward move, but in 1893 the first Quinquennial Meeting was held in Chicago during the World's Fair. There were present there thirty duly accredited representatives of foreign countries who returned to their countries pledged to form National Councils in harmony with the International and which in time should form part of that body. There are now twenty-seven countries having National Councils.

5. In answer to the query, Has the Council of Women been productive of good? the answer is best given as follows:—In promoting mutual understanding and charity between adherents of essentially different faiths, races and parties, and providing a centre around which all who desire to labor for the good of humanity can unite for the common cause.

(And here let me remark that surely no one body has it in their power to do more for the common cause and good of humanity than the Nurses' Alumnae—opportunities are given nurses unavailable to many others.)

a. They collected and spread correct information about women's work, its needs and opportunities.

b. Prevented the over-lapping and multiplication of organizations for kindred causes.

c. Have given women workers the opportunity of widening their knowledge and increasing their faith and charity by interchange of views and personal touch with other workers whom otherwise they would not have met.

d. Through united and representative influence Local and National Councils have been able to help local, municipal and legislative bodies to effect much in their reform and administration of the various laws concerning women, children and the home.

What has it done? How has it justified its existence? I cannot go into full details, as time will not permit, but will outline a portion of what has been done. It has become an influential body to make representations to the Government, both federal, provincial and municipal, and its services have frequently been sought by these bodies to assist in their various works, such as laws for the better protection of women and children, amelioration of the conditions under which working women carry on their labors, advancement of the various branches of educational work, the preparation of the "Hand-book" which was so useful at the Paris Exhibitions, management of the Women's Department at agricultural and other exhibitions, assisting in the building and equipping of hospitals, the appointment of women on the boards of these, better provision for the care of the aged and infirm poor. It is fully recognized as an efficient body for disseminating information and arousing interest on many very important questions, as the reports abundantly testify, and the Councils of Women are now recognized as a strong power for good in the land, a common meeting-ground for consultation and organized effort: an army, not a battalion only, and so better able to conquer difficulties.

1. It took the initiative steps toward the tuberculosis crusade (though this no doubt has been forgotten).

2. Prohibited expectoration on streets and in all public places and conveyances.

3. Proper protection of articles of food exposed for sale.

4. Pure milk depots.

5. Encouraged "Medical Talks," medical subjects of those pre-eminently nursing topics. (Here let me call the attention of the nurses to the number of affiliated societies whose works are on sanitary and nursing lines.)

One of the very important central committees is the one on public health. Who should or could provide more or better information and help along its lines than the Nurses' Alumnae, and so help to make this section a perfect bureau of experienced and helpful information. Was not Dr. Helen McMurchy's appointment and her very helpful work on "The Feeble-Minded" class of women and girls wholly due to the effort of the Council, and the very valuable assistance she has given has been most fully certified to by both Provincial and Dominion Legislatures.

Some years ago we decided to help the Ontario Nurses (and also other Provinces) to secure Government registration. We asked and secured the promise of co-operation on their behalf from the various Provincial and Medical Associations and others, and also took other steps. By request of the nurses it was decided best to allow the matter to drop for a time. But let it be well understood that should they in time desire the Council's help again it will be given. At the Quinquennial Meeting held in Toronto two years ago (at which there were twenty-seven different nationalities represented) a dozen practising physicians (both sexes), a large number from the nursing profession, editors, lawyers, journalists, agriculturists, etc., were present and all proud to be members of the International and National Councils.

Federated societies begin to recognize the value of the backing of their Councils, the opportunity afforded them of bringing their special line of work before the workers. They report annually and get their propositions on the agenda. Therefore you see as the Nurses' Alumnae Association is in federation, should the assistance of the Councils be wished at any time, their help will be given or at least the request laid before said Councils, and if approved, aid given. Another move in which the International Councils were prime movers was the inspection of school children by medical men and women.

Still others—appointment of female factory and shop inspectors where women and girls are employed; matrons at police stations; introduction of covered patrol wagons; suppression as far as possible of undesirable reading matter through the mails; removal of objectionable posters and signs; registration and inspection of maternity homes; introduction of manual training in schools; introduction of domestic science, and through one of its brightest, most capable and best loved members, the late Mrs. Hoodless, the founding of McDonald Hall, Guelph, a princely gift from Sir William McDonald, where our Canadian girls can be thoroughly instructed in all domestic branches and home economies. Then viewing the question from a higher standard, it should be less "What do we gain?" than "What can we contribute to the general good?"

"The union of all for good of all," it should be. And here you nurses can lend a most helpful hand, for as we before said, your opportunities to do much to uplift are many.

Before closing this very lengthy address, I wish to refer to, I might say, the crowning effort of the Council's many achievements, that is the founding of the Victorian Order of Nurses by our revered Advisory President, Lady Aberdeen. This has proved such a blessing to our country. Several of the graduates of this training school now hold important offices in the Order.

Surely the opening questions of this paper have been answered, and I trust the members of the Nurses' Alumnae now see and feel how helpful you can be as members of the Councils of Women, and also appreciate how the Council can come to your aid when required. MRS. E. YARKER.

London, Ont.

THE SCHOOL NURSE.

On February 1st of this year the Regina Public School Board appointed a school nurse to initiate the systematic inspection of the children in the public schools.

During the five months before summer holidays 1,800 pupils were inspected, visits to homes 376, dressings 207, operations for tonsils and adenoids 24, fitted with glasses 15, and a very large number of school children were put under a dentist's care.

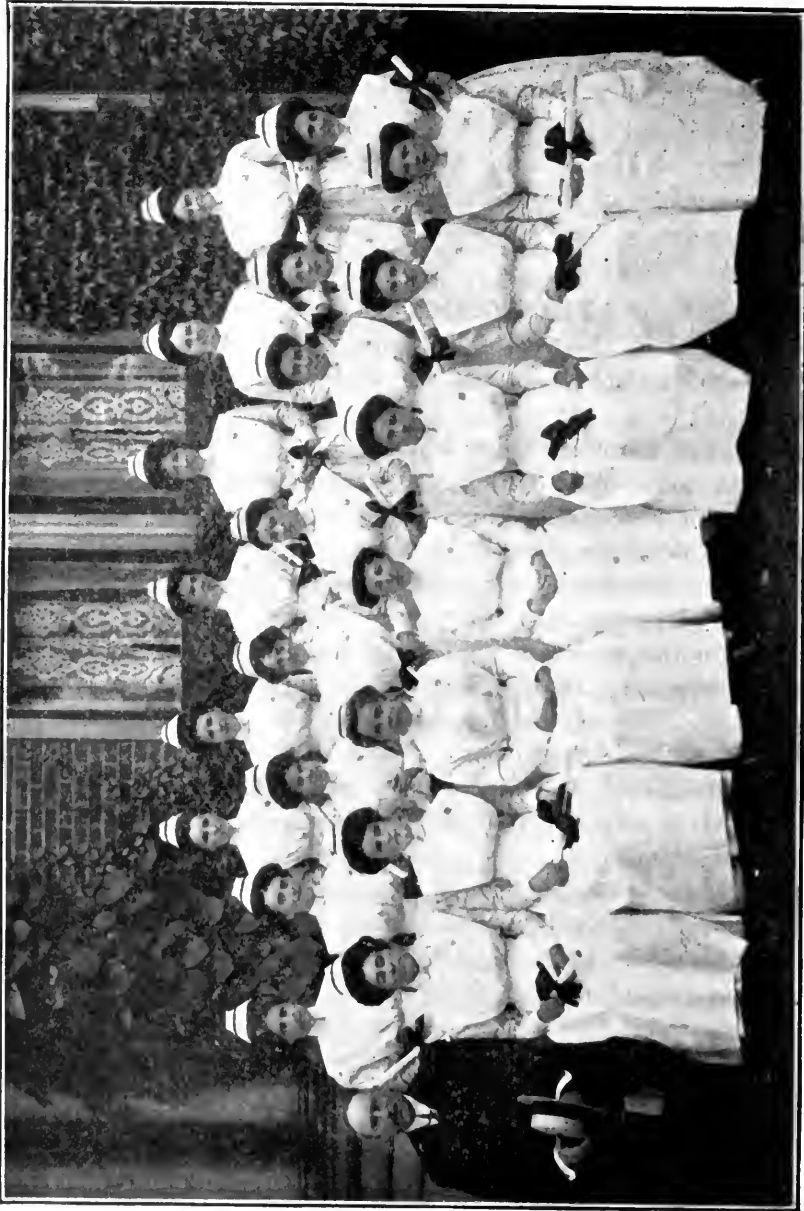
In May a case of tuberculosis arthritis of the knee was discovered in a little Roumanian girl. She had been out of school for some months, before it was brought to the notice of the school nurse. When visited, the child was very badly crippled. The parents being very poor were unable to afford medical treatment. One of the doctors in the city volunteered his services, and the child was sent to the General Hospital. She was put to bed and an extension applied. Although the treatment is still being continued, the knee has been reduced to almost its normal size, and the child's general health is wonderfully improved.

As there is no outdoor department in connection with the hospitals here, a complete surgical cupboard has been fitted out and placed in each of the five schools. The need of this is particularly felt in the foreign settlement, where skin diseases and neglected wounds prevail to an alarming extent.

Another important department of the work here is the controlling of minor contagious diseases. In most instances a doctor is not called in for these cases and consequently they are never reported to the Medical Health Office.

The Regina public school can boast of a fairly complete sanitary equipment. In April of this year, sanitary paper towels and soap dishes were placed in all the schools. A sanitary drinking fountain was placed in one of the schools during the summer holidays, and it is expected that similar fountains will be placed in the other schools very shortly. The Board has placed a large number of tooth-brushes at the disposal of the school nurse, so that children coming from poor and ignorant homes may be supplied with these free of charge. Very minute instructions have been given to the caretakers in regard to the cleansing of lavatories and basements, and whenever a child is discovered at school with any contagious disease, the class-room is fumigated before classes are resumed.

JEAN E. BROWNE.



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Editorial

NURSING IN CHINA.

Miss Alice Clark, who is now working in the Shanghai Women's Hospital, writes that three years' training for Chinese girls in the "European manner" has been in vogue in many of the hospitals for some years now. She says:—"One of the girls from this hospital is employed by the municipal council as nurse in their Chinese isolation hospital, and in Hong Kong they have trained maternity nurses who go to nurse lying-in patients in their own homes." At the Shanghai Women's Hospital a four years' training is given, including midwifery and dispensing, and the nurses are trained as anaesthetists, work which they undertake with diligence and conscientiousness. Since it was founded five years ago, two of the nurses have married, one gained an outside hospital appointment, another having finished her training stayed on to learn housekeeping, and yet another is waiting till September, when she hopes to go to the Chinese School of Medicine for Women. Miss Walker is a very great admirer of Dr. Yamei Kin, but she wishes to champion the cause of the many Chinese women who have spent several years in training as nurses in the "European manner."—The Nursing Times.

The Belfast Branch of the Women's National Health Association of Ireland, inaugurated in October, 1907, studied local conditions, and decided to work in three directions: 1st, To promote School Hygiene; 2nd, To attack Infant Mortality; and 3rd, To prevent as far as possible the spread of tuberculosis and to promote its cure.

In all these directions good progress has been made. Much is being done to improve the conditions of the schools. The great desire of the workers in this department is to provide nurses to visit the schools and examine the eyes and ears of the children.

The Committee of the Infant Mortality Section, in trying to stem the death-rate of infants under one year in Belfast, opened the first Babies' Club in Ireland, in March, 1908. A second club was opened in May, 1908, and a third in March, 1909.

A fully trained nurse is employed to visit once a week all babies receiving milk at their homes, and she reports weekly as to these cases, in what condition she has found them and how the milk is kept. The work is showing most satisfactory results. The Tuberculosis Sub-Committee, having regard to the already existing institutions for treating consumption, confine their attention to home treatment. The funds needful were obtained by private subscription, and a Queen's Nurse was appointed at a salary of £100, in December,

1908. During the first year of her appointment, Nurse Percival visited on an average 300 cases a month, which were notified to the committee in various ways, and some of these were passed on to sanatoria, others to the Society for Providing Nurses for the Sick Poor, while the remainder were treated at home. The work has now grown to such dimensions that the services of a second nurse could well be utilized if the funds needful could be raised.—*Queen's Nurses' Magazine*.

The second annual report of the Heather Club is a very tastefully prepared booklet, giving cuts of the Lakeside Home for Little Children, the beautiful pavilion for tuberculous children and the children who are being cared for there. The report shows that the Club is prospering and doing a most splendid work. Who can estimate what it means to give so many children the chance to be made healthy and therefore happy, useful citizens.

Mr. J. Ross Robertson, ever the friend of the nurses, this year enlarged the pavilion to accommodate fifty children (capacity at first, twenty).

The next step in this noble work, and one which the Heather Club hopes is not too remote, is to secure a winter home for these children so that still better and more effective work can be done. Is there not some one to help with this?

AN EXHIBITION OF SOCIAL HYGIENE.

To commemorate the fiftieth year of Italian Unity an International Congress against Tuberculosis will be held in Rome under the patronage of the King and Queen, in connection with which there will be an Exhibition of Social Hygiene.

Signora Elena Lucifero, President of the Public Health Section of the National Council of Italian Women, in the name of the Executive Committee of the Exhibition, has invited the International Council of Nurses, the National Council of Trained Nurses of Great Britain and Ireland, and the Society for the State Registration of Trained Nurses to participate in the Exhibition.—*British Journal of Nursing*.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The Anniversary Festival of the Guild was held in London, on Tuesday, June 13th, and was well attended, over 600 tickets being issued.

The Chaplain General's "At Home" for Chaplains, Local Superiors and the Council, and the "Tea" for members, associates and honorary members were followed, at seven p.m., by a service in St. Alban's Church, Holborn, the special preacher being the Lord Bishop of Lebombo, who took for his text Gen. 1:31.

The report of the Council showed:—Eight new branches opened during the year; members, 3,784; associates, 791; priest associates, 156 (including chaplains); medical associates, 26; honorary members, 405; deaths, 29; withdrawals, 81; total on roll, 5,052.

The chairman spoke of the anniversary and gave messages of greeting and regrets for absence from the Bishops of London and Birmingham, the patrons of the Guild. The Bishop of Lebombo (himself a medical man) dwelt especially on the inspiration to be gained from the feeling of belonging to so large a Guild, whose members are now spread over the world. Arch-deacon Johnson, of Nyasa, (Universities' Mission to Central Africa) was the next speaker, and was followed by Mr. Stephen Paget, who took for his subject the work of the great Pasteur, and by Canon Holmes, an old friend of the Guild, whose speeches on these occasions are always looked forward to with great interest and pleasure.

The next meeting of the Toronto branch of the Guild will be held October 30th, instead of the first Monday in November, as announced in September.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

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Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

Every member of the G. N. A. O. must be keenly alive to the work of registration if anything is to be accomplished this year. The days of rest and recreation will have made you better able to think and plan and work in the interests and for the advancement of the profession. The work necessary to secure registration must be done, not by a few, but by all, every nurse doing her part. "United we will succeed." In no other way can we hope to accomplish anything. "What good will it do me?" None, personally, but you will have the satisfaction of having helped to strengthen and improve the profession and make it mean so much more than it does at present. Do we not need definite standards? Is it not time "Trained Nurse" had a definite meaning? Why should any one who likes claim the designation? Think about these things and you will not be half-hearted in your work for registration.

The treasurer is anxious to have all fees paid as soon as possible.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular monthly meeting of the Board of Directors was held in the home of the President, Miss Phillips, at The Foundling and Sick Baby Hospital. There were present Miss Colley, Miss Bullock, Miss DesBrisay, Miss Dunlop, Miss Colquhoun, Miss Hill and Miss White. The list of lectures for the coming year were arranged for and it was decided to ask Miss Crosby to speak to us on the subject of Registration at the November meeting. The Committee desire all nurses in the city and Province who are interested in the question of Registration to attend this meeting, when the matter will be discussed thoroughly. We wish to have the co-operation and support of every trained nurse in our towns and cities. Notice of this meeting will be in the daily papers and we hope for a large attendance.

Dr. Maude Abbott is ill in the Royal Victoria Hospital. Dr. Abbott is a member of our advisory board and we wish her a speedy recovery.

The C. N. A. wish to extend their sympathy to Miss Lynch, of the Victorian Order of Nurses. Miss Lynch recently lost her brother, Dr. Lynch, of Almonte.

Miss Sutherland, who has been ill in the Royal Victoria Hospital, is recovering after an operation for appendicitis.

Miss Amsbury, of Port Hope, recently lost her mother. The Association tenders her their sincere sympathy.

Miss Maxwell has returned from Chicago, where she has taken a course in massage.

The nurses are returning from their holidays and the Registrar is now able to respond to all the calls.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

.

*My soul will be a-dry before,
 But, after, it will thirst no more.*

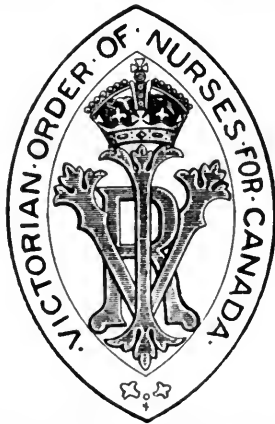
LIFE'S MIRROR.

“There are loyal hearts, there are spirits brave,
 There are souls that are pure and true;
 Then give to the world the best you have,
 And the best will come back to you.

Give love and love to your heart will flow,
 A strength in your utmost need;
 Have faith and a score of hearts will show
 Their faith in your word and deed.

For life is the mirror of king and slave,
 'Tis just what you are and do;
 Then give to the world the best you have,
 And the best will come back to you.”

MADELINE S. BRIDGES.



RED LETTER DAY IN ISLAY'S HISTORY.

If there is one thing more than another which strikes the visitor to Western Canada it is the delightful optimism and the fellow-feeling (which makes us wondrous kind) of her towns and cities. Edmonton, for instance, Alberta's beautiful Capital, a city which bids fair in the future to rival Winnipeg herself, is still young enough to remember her own beginnings and thus to have every sympathy with the new towns and villages strung like beads upon a string along the lines of those great railways converging on her, while these hamlets in their turn catch fresh civic inspiration every time they lift their eyes towards their Capital.

An incident which took place at Islay, on July 19th, during the trip of a large number of the members of the Board of Trade of Edmonton, illustrates very happily the bond which unites that city to all the towns in her commercial jurisdiction.

The little platform was gaily decorated with its infantine bunting in anticipation of the arrival of the special train bearing Secretary Fisher and his colleagues home after their eastern trip. Many members of the Islay Board of Trade, with its Chairman, Mr. Brockenshar, were assembled to offer them a welcome, a box of cigars, and—comically—"the freedom of the city," while a deputation from the recently formed Islay Hospital Board anticipated their coming with the added zest of self-interest. This deputation, indeed, meditated nothing less than a great hold-up of the special train in order to levy contributions from Mr. Fisher and his party for their building fund.

Shortly after twelve o'clock, just when the sun was at its brightest and all the little flags were flapping their wildest in the bright prairie wind news came down that the special was but two miles away! A few minutes later the cars were lined up alongside the platform, a crowd of gentlemen swarmed upon it, and Islay rose to the occasion as one man! Mr. Fisher submitted to be buttonholed, and his party to be harrangued in a manner at once excited, delighted, patriotic, chaotic and mercenary. Edmonton's business men had assuredly never expected so lively a demonstration! While all of them wore a broad smile, they collectively looked much as a big boy looks when he tumbles inadvertently over the little hill of a colony of flustered and excited ants.

If the ants indeed had their wits about them and meant every one of the ringing cheers they called and gave for Edmonton, Mr. Fisher was no less nimble in meeting their expectations. In a flash he invited the deputies of the Hospital

Board to accompany the train for a short distance in order to make a collection from end to end of it and seize the opportunity a little more at their leisure to explain their objects and tender their references.

Delighted at the suggestion, the Islay ants swarmed into the train and under the genial and encouraging aegis of Mr. Fisher proceeded with great despatch to set Edmonton's business men about the ears. Perhaps I should say about the pockets, for there was not a single hand that refrained from diving into depths as deep as Edmonton's prosperity assuredly should dig. The collection we took up was one which surprised us since everything was done on the spur of the moment. Had it not been that Mr. Fisher and his colleagues were unprepared for us, we feel sure that Islay Hospital, from a financial point of view, would have sprung into being twixt Islay and Borrodale! We had a few minutes in the parlor car of which we took advantage to air Islay's oratory. If sincerity of every genial feeling endows the most halting tongue with an eloquence of its own, we must have been very eloquent. Islay thoroughly approved of Edmonton's business men and said so! Islay promised itself the pleasure of reporting to Edmonton about the progress of its hospital, and hoped sincerely to have the gratification before long of inviting these same gentlemen back to the opening ceremony.

Islay is a small town of about 120 inhabitants on the line of the Canadian Northern Railway, between Lloydminster and Vegreville. It is the centre of a large homesteading district and a hospital there would serve the needs of a country perhaps more than a hundred miles square. Up to the present time the town has had no doctor (one has quite recently arrived), no hospital and no district nurse. But it is not at all difficult to substantiate the necessity for a hospital, especially one designed largely in the interests of maternity work. Mrs. Lively, the wife of Gerald J. Lively, Esq., is an English trained nurse with excellent London testimonials and a special certificate in midwifery. She has lived on the prairie in this district for the last five years, and her services would have been in almost constant requisition were it not that she is homesteading on a farm with her husband, rather than pursuing her professional career. Her experience, however, is amply sufficient to establish the necessity of a local hospital.

The Board has invited the co-operation of the Victorian Order of Nurses for Canada, and hopes to be in a position before long to request assistance from the Lady Minto Hospital Fund, administered by the Order. Islay is neither too ambitious nor rash in its scheme. It hopes to build a hospital at a cost of three or four or even five thousand dollars, which will be an ornament to the town and a benefit to the homesteaders, but which will not be a burden and financial white elephant. If possible, however, the hospital will be a free one, in the sense that patients will pay for treatment not according to a fixed charge, but according to their means. The Rev. Mr. Edwards, the local Church of England incumbent, has most charitably interested himself in the scheme and promised to do all in his power to further it. Our Honorary Treasurer is W. B. Cairns, Esq., manager of the local branch of the Merchants' Bank of Canada.

ADA B. TEETGEN (ELIZABETH WALMSLEY).

Secretary to the Islay Hospital Board.

Islay, Alberta, July 19th, 1911.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Macenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snively.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanatorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jaekes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

OFFICIAL DEPARTMENT.



- Queen Alexandra's Imperial Military Nursing Service.
- The Canadian Permanent Army Medical Service (Nursing Branch).
- The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Madden, R.N., Supt. of Nurses, City Hospital, Hamilton; Secretary, Miss Scott, 11 Chlorea Ave., Toronto.
- The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Secretary, Miss Stewart, Supt. of Nurses, General Hospital, Toronto.
- The Association of Hospital Superintendents of Canada.—President, Dr. Boyce, Supt. General Hospital, Kingston; Secretary, Dr. Dobbie, Supt. Tuberculosis Hospital, Weston.
- The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.
- The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabe, Gauld, 375 Langside St., Winnipeg.
- The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.
- The Graduate Nurses' Association of Ontario.—President Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.
- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.
- The Guild of St. Barnabas for Nurses.
- The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.
- The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.
- The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.
- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 630 Sixth St., Harriston.
- The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave., Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harriston.
- The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.
- The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.
- The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.
- The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.
- The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy. Mrs. W. J. Crothers, Jr., 86 Barrie St.
- The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.
- The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.
- The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.
- The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.
- The Toronto General Hospital Alumnae Association.—President, Miss Julia Stewart, 12 Selby St.; Cor. Secy., Mrs. N. Aubin.
- The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.
- The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec., Miss E. Ross Greene, Hospital for Incurables.
- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.
- The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.
- The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.
- The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 97 Delaware Ave.
- Nicholl's Hospital Alumnae Association.—President, Miss Dixon, 501 Water St.; Secretary, Mrs. Jackson, 567 Pater son St.

HOSPITALS AND NURSES

Miss Gauld has returned to Winnipeg after spending a month in the east, visiting St. Catharines, Buffalo and Toronto.

Miss Brighty and Miss Woods, Winnipeg, are touring Europe with a party of nurses and teachers.

Miss Grey and Miss Elerington, graduates of Winnipeg General Hospital, are spending their holidays in Vancouver.

Mrs. Hugh MacKay and son are visiting in Ireland, while Dr. MacKay is attending the clinics in some of the large hospitals in England. Mrs. MacKay is a graduate of General Hospital, Winnipeg.

Miss Lottie Kelly, who has just completed her post-graduate course in the Woman's Hospital, New York, left for Souris, Manitoba, where she will take up private work.

Miss Regan, Superintendent of St. Joseph's Hospital, Port Arthur, and Miss Blackmore, Night Supervisor of McKellar Hospital, Fort William, have returned from a trip to Vancouver, visiting several western cities en route.

Miss Patterson, of the McKellar Hospital staff, has returned from Battle Creek and Detroit.

Miss Betts, McKellar Hospital, has returned from Kenora and Winnipeg.

Miss Elliott, McKellar Hospital, has returned from Kenora.

Miss Fime, Port Arthur, has gone to Vancouver, B. C., to take up private work.

Miss E. M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, and late Assistant Superintendent, General Hospital, Toronto, has returned to Baltimore after spending a few weeks with her mother in Toronto.

Miss Alice Stewart, T. G. H., '96, Superintendent Allegheny Hospital, Pittsburg, was in Toronto for a few days during August.

Mrs. Arthur Barrett, nee Taylor, class '95, T. G. H., of Port Rowan, was the guest of Miss Annie I. Browne, 85 Bismarck Avenue, Toronto.

Miss Jessie Watson, Cambridge, Mass., class '96, T. G. H., is the guest of Mrs. J. W. Martin, Crawford Street, Toronto.

Miss Jean McCallum, graduate of Kingston General Hospital, class '10, has been appointed School Nurse for Kingston by the Board of Education.

Miss C. H. McKay, graduate of Royal Victoria Hospital, Montreal, in charge of the operating room at the Vancouver General Hospital, has gone East for a three months' vacation. Her place will be filled during her absence by Miss Quigley, graduate of Vancouver General Hospital.

Mrs. Bert Wilson (nee Canfield) and son Bruce are spending a few days with Mrs. R. S. Dunn, St. Catharines.

Miss Glass has been appointed Head Nurse in G. & M. Hospital, St. Catharines.

Miss Margaret Moag, graduate of Kingston General Hospital, who underwent an operation for appendicitis at her home in Smith's Falls, Ont., has resumed her professional duties on the Board of Health, Detroit, Mich.

Miss Cobb, graduate of Winnipeg General Hospital, is doing private work in Golden, B. C.

Miss Newcombe and Miss Coltart were the guests of honor at a reception held the other night in the Nurses' Home. They are the first graduates of the General Hospital to enter the medical missionary work in foreign fields. Miss Newcombe sails for West China from Vancouver on October 4th. She will undertake nursing and the training of native nurses at a Methodist station near Thibet. Miss Coltart goes under Presbyterian auspices to India. The Nurses' Alumnae Association was the hostess at last evening's farewell, and Mrs. Margaret Scott was in charge of the prettily decorated tea table.

At Bangor, on Tuesday last, the Lord Lieutenant of Carnarvon opened Bryn-y-Menai as a Home of Rest for Queen's Nurses. The house and grounds, which are beautifully situated on the banks of the Menai Straits, were left to the Council of the Institute by Miss Harriet Hughes for the use of Queen's Nurses who are in need of rest or while convalescent. Ten inmates can be accommodated, and Miss Goodwin, formerly superintendent of the Woolwich Queen's Nurses' Home, is in charge.—The Nursing Times.

The graduating exercises of the Grace Hospital Training School for Nurses, Toronto, were held on the afternoon of June 21st, in the Metropolitan Assembly Rooms.

Dr. Stevenson occupied the chair. The Rev. Professor Ballantyne of Knox College opened the proceedings with prayer. Dr. C. K. Clarke, Superintendent of Toronto General Hospital, addressed the graduating class.

After the presentation of diplomas, pins and special prizes, a reception and garden party were held at the Nurses' Residence, 216 Huron Street.

The following nurses received their diplomas:—Mary Florence Bell, Pineher Creek, Alta.; Sarah Dale, Toronto; Annie Mabel Comley, Collingwood; Ethel May Noble, Toronto; Ida May Shier, Uxbridge; Pearle E. Wood, Port Hope; Florence M. Rutherford, Bolton; Beatrice Blewett, Peterborough; Mary E. Stephens, Port Hope; Jessie Harvey Russell, Midland; Maude Elena Chambers, Toronto.

The VanderSmussen medal was awarded to Miss A. M. Comley, and the prize for neatness to Miss F. M. Rutherford.

The Annual Meeting of the Alumnae Association of the Mack Training School for Nurses, St. Catharines, was held at the Nurses' Home on August 30th, 1911. The attendance was small. The same officers were returned:—President, Miss Tuck; First Vice-President, Mrs. R. S. Dunn; Second Vice-President, Mrs. (Dr.) Rykert. Three new members joined:—Miss McPhee, Miss La Ree and Mrs. D. M. Muir. Mrs. Muir is a niece of our beloved founder, Dr. Mack. It was decided to hold monthly meetings on the first Wednesday evening of each month. Will members kindly note this. It was also suggested that the Alumnae furnish a room in the new hospital which is to be opened October 1st. Dr. Curry gave a very interesting paper on Tuberculosis, after which the members adjourned to the dining-room, where they were entertained at tea by the Superintendent, Miss Uren.

On August 3rd at the special meeting of the Nova Scotia Graduate Nurses' Association, a large audience had the privilege of hearing a most interesting address on "State Registration for Canadian Nurses."

The meeting was held at the Nurses' Home of the Victoria General Hospital and was open to the public.

Amongst those present were Miss Pope, Royal Red Cross; Miss Eaton, of the Canadian Army Nursing Service; Miss Fraser, R. N., Superintendent of the H. C. H.; representatives of the Victorian Order of Nurses and others.

Miss Pemberton presided and introduced the speaker, Miss McKenzie, General Superintendent of the V. O. N. in Canada.

Miss McKenzie expressed pleasure in having an opportunity of addressing a provincial association, of which she had the honor of having been elected an honorary vice-president.

State registration, she said, was a subject now agitating not only the Dominion of Canada, but civilized countries throughout the world. For twenty years Great Britain had been striving to obtain for its nurses the advantages of legislation which had for a number of years been operating with such excellent results in New Zealand and other colonies.

The object of registration is to distinguish a trained from an untrained nurse, thus affording protection not only to the medical and nursing professions but also to the public.

To broaden and systematize the training of nurses, to elevate the standard and to keep it elevated.

There is an ever increasing demand on the nursing profession, new openings occurring especially along the lines of social service. It is difficult to find the proper people to fill them. When a standard is once established a better class of women will be attracted to the profession.

A training school might now be established consisting of a hospital containing one bed. Nurses may be engaged, discharged after a few years' service provided with a medal and diploma. Of what use would their experience be to themselves or their patients?

Opposition to registration was largely due to the conservative character of the Canadian people. They are cautious and unwilling to adopt a new and unfamiliar measure. There is also the opposition of hospital boards, often on the plea of economy and very often in absolute ignorance of the injustice done to their nurses. Probationers are accepted to work in hospitals where there is no opportunity of providing an adequate course of training. This difficulty might be overcome by the affiliation of nurse training schools.

Misunderstanding is the cause of much opposition. State registration conveys to many the idea of a trade union, a band of selfish women desiring to exclude all untrained nurses from practising. It had been asserted on one occasion, that if this act were passed, a woman would be debarred from nursing her own mother if she were ill! (Laughter.)

The indifference of nurses themselves was a serious hindrance to progress. A nurse should lose no opportunity of keeping herself informed regarding registration and of enlightening others. The initiative movement must come from the nurses.

State registration had been adopted and become law in twenty-four States of America. In other States where nursing was still in chaotic condition, the doctors were begging nurses to organize associations and appeal for registration.

The difficulties of opposition must be overcome. The public must be educated and enlightened. Legislation should be made a feature of all meeting addresses.

Reports should be sent to medical and nursing journals and to the public press.

Private nurses had excellent opportunities for diffusing information. Pupil nurses should be taught their obligations to the public and should be trained to be professional women, prepared for registration.

A good bill should be under a recognized authoritative department. Being an educational measure it should be under the education department; should provide for preliminary training, the length of the course, the number of hospital beds that would constitute a training school, or better still, the daily average number of beds occupied, a well balanced curriculum (a usual course of training made provision for instruction in at least five subjects—medical and surgical nursing, obstetrics, dietetics and the care of children).

The Council might consist of nurses only, or of doctors and nurses, or of what was known as a medical council. In either case the board of control would be in the hands of the nurses who understood the needs of their profession. Examinations should also be arranged for.

Each provincial bill should make provision for the recognition of its R. N. degree in other provinces. Then there was what was commonly known as the waiver, a time of grace for practising nurses to register before the provisions of the act were enforced.

In addition to qualifications, there would be the question of character, also provision for penalties, and for what misdemeanors a nurse might be deprived of her R. N. title.

Look ahead five years and consider the effects of a good Bill. We must not expect to find it a panacea for all our woes, not by any means. But we may expect to find standards raised.

The doctors and the public would know what they were getting. Nurses would be better trained, training more uniform, and the course really educational. Larger hospitals would be less selfish and more willing to affiliate with smaller institutions. There would be much improvement in the care of the sick.

Dominion registration could only be obtained by the provinces preparing local bills and care should be taken that these bills were good ones.

Good work had been done in British Columbia. The bill to be presented at the next session of legislature was a good bill.

Nova Scotia had made a good beginning. The act of incorporation of the Graduate Nurses' Association of Nova Scotia was the best that the speaker had read. (Applause.)

It was now needful to increase the association and to appoint a registra-

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tion committee, that each nurse might act as an educative force in her own community.

The address was followed by an interesting discussion.

Amongst the speakers were Miss Pope, Miss Fraser, Miss Eaton and Miss Graham. Miss Pope spoke of the injustice so often done by training nurses in small institutions where no means could be offered of obtaining an adequate experience. Instances were given of how this difficulty had been remedied in Washington by an affiliation of special hospital training schools.

The secretary, Miss Kirke, gave a most interesting account of her own experience as Superintendent of a small training school in the State of North Carolina, and the benefits that were derived from legal registration in that State.

Very hearty votes of thanks were offered to Miss McKenzie, also to Miss Kirke for having so kindly procured the members the privilege of meeting at the Nurses' Home.

The nurses singing the national anthem concluded the meeting.—The Evening Mail, Halifax.

Miss A. D. Allan, who left Dundee four years ago to take up nursing in Canada, has just won the highest final nursing award at the Regina General Hospital, Saskatchewan. Miss Allan has at the same time obtained the general proficiency prize, given to the nurse "obtaining the most excellent standing from the time she enters the hospital to the time she leaves it." The Lieutenant-Governor of the State made the presentation, and remarked that "the course which Miss Allan had completed not only ascertained what educational qualifications the candidate might have for nursing, but was a test of all the characteristics that made for the best of true womanhood.—The Nursing Times.

A new Tuberculosis Dispensary, known as the P. F. Collier Memorial Dispensary, was opened in Dublin in July by King George. The dispensary is well-equipped and thoroughly up-to-date and will greatly facilitate the work of the Tuberculosis Committee.

Miss Isabel MacIntosh, graduate Hamilton City Hospital, class '10, has gone to the Woman's Hospital, New York, for a post-graduate course.

At the end of the winter courses in the Swedish system of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy the following students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.:—Priseilla Taylor, Saranac Lake, N. Y., Boothby Surgical Hospital, Boston, Mass.; Etta Triehler, Altoona, Kans., Cushing Hospital, Leavenworth, Kans.; Anna H. Judd, Kansas City, Mo., Nurses' Training School, Kansas City, Mo.; Etta B. Propst, Corliss, W. Va., Baltimore City Hospital, McKendree Hospital; Lillian F. Finnigan, Fitchburg, Mass., Burbank Hospital; Alice Hamilton, Springfield, Mass., John Stratford Hospital, Brantford, Can.; Elizabeth C. Jamison, Mount Holly, N. J.; Henry J. Scheid, D. O., Erie, Pa.; Otis P. Holt, Du Bois, Pa. The summer class opens on

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July 11th, 1911; the fall classes in two sections on September 20th and November 15th, 1911.

The Misses Ethel O. and Eva M. Rea, of Saginaw, Mich., both graduates of St. Mary's Hospital, Saginaw, Mich., and of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., have opened the Saginaw Mechano-Therapy Sanatorium, the first and only institution for the practice of physiologic therapeutics in Saginaw.

CORRESPONDENCE

To the Editor of "The Canadian Nurse."

Dear Madam,—How true it is that eighty per cent. of the knowledge that comes to us comes through the eye. The article on "The Canadian Nurse" brought to my notice the real state of things in regard to making a success of the journal, in making it interesting to all—a national magazine.

It is very easy to find fault with the Board of Directors, the journal, the size and quality of it, but what is the reason that it is perhaps "under-sized and anaemic" as Miss Christie says? Is it not because everybody withholds her individual help, is either indifferent, procrastinating or diffident? Without for a moment ascribing the criticism at the recent convention to a captious spirit, I feel sympathy for those who have made the effort and borne the wear and tear of the last six and a half years. If even a few are stimulated to do something on account of the criticism and the subsequent discussion, the result may prove how salutary, if not absolutely necessary, is the annual convention of nurses.

We want a representative journal, and we are our own handicap by withholding our quota. I recall having received a letter from the editor nearly three years ago (and again within the last six months) requesting contributions of articles on cases, experiences, useful appliances, practical points, etc., etc., to which I must plead guilty of having given little attention. Perhaps I was intimidated at the idea of such humble efforts as I should be capable of being paid for. There must be many, however, who could earn a fair competence by writing for our journal. As I am not gifted in this way, I must limit myself to asking questions, or making suggestions, occasionally, if you have a "query column" or "practical points" or a "letter-box."

I may say in closing that I shall endeavor to persuade others to lend a hand in the good work by contributing to it of their genius. I confess to not having formerly understood the business basis of "The Canadian Nurse" fund. I take pleasure in adding my mite. Wishing "The Canadian Nurse" success and long life, I am, faithfully,

A SUBSCRIBER.

1. What is meant by the assertion I saw in a nursing journal recently, that "It requires three (3) days to make saline solution properly"?

2. Give a good umbilical cord dressing. Why is it that so often the cord is so long in falling off, when a dry, careful dressing has been done daily?

3. What is the best treatment for fissured nipples?

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4. Will some of the nurses give us their views on a fixed tariff or fees for nurses and the sliding scale, and oblige,

AN INQUIRER.

Dear Editor,—Will you kindly give space to the enclosed information in the earliest possible number of "The Canadian Nurse."

In behalf of the Calgary Association of Graduate Nurses I would like to warn any of our sister nurses in the East who may be susceptible to an attack of Western fever, not to be in too great a hurry to yield to it. We in the West are nothing if not broad-minded, and having felt the "call" ourselves, have every sympathy with others who feel it, but there is a limit to our needs in this line out here, and the past few months have made it apparent that, for the present at least, that limit has been reached.

Our Calgary registry is now running on a good systematic basis, and we may safely say is giving satisfaction, being testified to by calls from all over Southern Alberta and into British Columbia, on the Crow's Nest line, and as far north as Red Deer, and points east of there. Unfortunately there is perhaps more than the usual number of under graduates in the field. We are quite alive to the need of Registration out here, and since we have now gotten our local association affairs into better shape, we hope to make some headway during this year towards at least finding out what we want in our Bill, and how to go about getting it. For experience and co-operation we are somewhat handicapped by the transient habits of our membership, and even the hospitals are continually changing heads, the positions being always so strenuous that it is seldom a nurse can stand, for any length of time, the all-round strain upon her capacity, and still maintain a standard training school.

The private nurse, though on the whole well paid, is apt to be obliged, (in order to keep the domestic wheels going, and her patient as free from worry as humanity prompts her,) to fill almost any conceivable gap from milk-maid up, or down. Domestic help, even in the towns, is at the highest possible premium.

But thanks to the contagious optimism of the West, these things do not usually daunt us, as we find a great satisfaction in the fact that when we are wanted, we are actually needed, and there is little of the chronic or neurasthenic work so prevalent back East, and so depressing to the nurse. Physical strength and courage are more called for here, than ability to cater to imaginary ills.

We do not wish to unduly frighten nurses away from this glorious country, for such it is, but we repeat, that at present, as far as Southern Alberta is concerned, we are in a position to say that they are coming too fast to insure work for all. Last autumn was an exceptionally busy one on account of the extensive typhoid epidemic, and the severe winter, attended by a large amount of grippe, and pneumonia during the spring, kept the registry busy, but June and July were very quiet months, and even now there is no particular rush.

"plain words for facts and facts convince.

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So we feel it is only fair to warn the East that there may be long waits, and heavy expenses in store for the newcomer, even though as a member of the Calgary Association she has, barring special calls, her turn on the list as fairly as any older member.

F. S.

A nurse who holds an important position in one of the New York Training Schools writes to express her appreciation of "The Canadian Nurse," and adds: "I would like to call the attention of your readers to 'Drugs and Solutions,' by Julia C. Stimson, R.N., Superintendent of Nurses, Harlem Hospital, New York. This is a book every nurse should possess. It contains just what every nurse should know of materia medica in the simplest possible form, and is particularly helpful to nurses preparing for registration. Published in December, it is already adopted by many of the largest American Training Schools." (This book was reviewed in May number.)

A slice of bread with the crusts trimmed off may be dampened with cold water, sprinkled over with ground mustard, covered with a thin cloth, and used as a mustard-plaster when needed very quickly and the usual things are not at hand. (This blisters the skin more readily than the plaster made with white of egg.)

A convenient night-light for a sick-room in a country house in which there is neither gas nor electricity may be invented by hanging a lantern from a hook screwed into the bottom of an upper window-sash on the outside. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.—The Nurses' Journal of the Pacific Coast.

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MARRIED.

READ—EVANS—In Christ's Church, Holland Landing, on Tuesday, July 18th, by Rev. E. J. Taylor, Esther E. Evans to Mr. Guy Carleton Read, of Toronto.

Miss Evans is a graduate of Hamilton City Hospital, class '06.

HANNA—BEATTY—On July 21st, Miss Evelyn Beatty (Graduate Toronto General Hospital) to Mr. Hanna, Druggist, Toronto. Mr. and Mrs. Hanna will reside at 4 Walter Street, Toronto.

BIRTHS.

KILGOUR—In Ninga, Manitoba, on June 19th, to Mr. and Mrs. J. W. Kilgour, a son.

Mrs. Kilgour (nee Isabel A. Currie) is a graduate of Hamilton City Hospital, class '05.

ROGERS—At Winnipeg, on April 19th, 1911, to Mr. and Mrs. E. G. Rogers, a daughter. Mrs. Rogers (nee May Watson) is a graduate of the Hospital for Sick Children, Toronto.

FOSTER—At 270 Carlton Street, June 23rd, to Mr. and Mrs. Phil. Foster, a son. Mrs. Foster (nee Sady Seaby) is a graduate of Riverdale Hospital, Toronto, class '09.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W., 14th July, 1911.

The following ladies have received appointments as Staff Nurses:

Miss A. M. Rice, Miss G. E. Vernon, Miss E. Bulfin, Miss A. G. Dempster, Miss E. M. Long.

Transfers to Stations Abroad—Staff Nurses.

Miss S. W. Wooler, to Egypt, from Netley; Miss B. M. Nye, to Egypt, from Tidworth.

Promotions.

The undermentioned Matron to be Principal Matron: Miss S. E. Oram, R.R.C.

The undermentioned Sisters to be Matrons: Miss G. E. Larnier, Miss S. Lamming.

E. M. McCARTHY,

For Matron-in-Chief, Q.A.I.M.N.S.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS.**Canadian Militia.**

Headquarters, Ottawa, 6th June, 1911.

To be Nursing Sisters (supernumerary): Miss Margaret C. Kennedy, 11th May, 1911; Miss Jean Johnston, 11th May, 1911; Miss Lyda Norton, 16th May, 1911.

By command,

F. L. LESSARD

Colonel, Adjutant-General.



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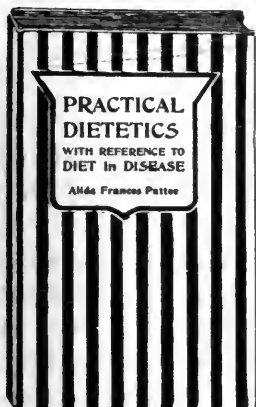
Reminiscences of Linda Richards, America's First Trained Nurse. Whitcomb & Barrows, Boston, Mass. Price \$1.00 net.

This small, interesting volume is a valuable addition to the literature of the nursing profession. Miss Richards has told her story very modestly and simply. Those who know Miss Richards "can read between the lines," those not thus privileged would welcome more detail. It is a story of surpassing interest. We learn the history of training school organization and management. Miss Richards herself organized the first training school that really formed a part of the hospital in Boston City Hospital. Her wonderful ability and success as an organizer and teacher led to her services being sought not only by many hospitals in her own country, but also by some abroad. The chapter on her experiences in Japan is very interesting. Nurses, read this book, you will feel repaid and will learn many things unguessed before.

The "Good Health" magazine, the organ of the Health and Efficiency League of America, has a most worthy purpose—"To promote maximum health and efficiency and to combat those habits and influences which cause race deterioration." That is all that is necessary to recommend it. The July number contained a number of splendid articles containing a fund of information. Some of special interest to nurses—In Case of Typhoid; Race Degeneracy and the Teeth; How Nature Cures; Physical Nurture of the Child; the Playground Movement—will commend the magazine to their thoughtful attention. It is published in Battle Creek, Mich. Canadian subscriptions \$1.90 per year.

Structure and Functions of the Body. A hand-book of anatomy and physiology for nurses and others desiring a practical knowledge of the subject. By Annette Fiske, A.M., graduate of the Waltham Training School for Nurses. 12mo of 221 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$1.25 net. Sole Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

The anatomy and physiology are woven together in such a way as to make the subjects more interesting and the knowledge more readily retained. The book is divided into thirteen chapters, each very thorough and clear. Chapter I, Composition and General Structure of the Body; II, The Skin, Its Appendages and Its Functions; III, The Cranium and Face. This gives some idea of the division and mode of dealing with the subjects. Nurses will find just the knowledge they need here, and will get it in very readable form.



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PUBLISHER'S PAGE

THE TEST OF A TONIC.

The field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone," but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or reconstructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen-carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and assimilable as Pepto-Mangan (Gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom from irritant properties, and because it never causes a constipated habit.

POST-GRADUATE WORK IN ORTHOPAEDICS.

Physiologic therapeutics comprises all treatments of diseases with non-medicinal means. Though this adjunct to medical science is comparatively young in most of its branches, it has been acknowledged for decades that there are certain diseased conditions in which the treatment with drugs fails completely. This is particularly the case in all deformities. For their correction mechanical means have been employed for a long time, yet in many cases with little success owing to the empiric ways of employing therapeutic measures. In the last ten years, however, a good deal of progress has been made along new and promising lines. The general public and parents in particular are awakening to the ravages due to inattention and neglect in children. By far the larger part of deformities, especially spinal curvature, is acquired and not congenital. Recognition of this fact and the knowledge that nearly all deformities can at least be benefited if not cured by adequate treatment have created a large demand for scientifically trained operators who are able to properly treat such conditions. The average training school for nurses has neither opportunity nor the material to take up this study. Therefore nurses desirous of preparing themselves for this work have to look elsewhere for special courses. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has for years made a specialty of this kind of work in its training courses in mechano-therapy. Large clinical material gives the student ample opportunity to study these conditions under the careful guidance of capable instructors. Nurses interested in these courses are advised to write to the Superintendent of the above institution at 1711 Green Street, Philadelphia, Pa., for further particulars.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, NOVEMBER, 1911

No. 11

INFANT FEEDING.

There is a singular agreement in English-speaking countries as to the intervals desirable between feeding times for infants. The law recognized by British and American writers is that nothing shall be given for the first twenty-four or thirty-six hours, and that the child should be fed every two hours for the first few weeks. The first physician to lay down this rule was Dr. Eustace Smith, in a book published in 1862, which was a great assistance to the practice of hand feeding. But there are French and German doctors who give much longer intervals between feeds, varying from every two and a half hours to five or six times a day, and all are agreed that the infant should be left to sleep in the night for certainly five or six hours. Dr. Czerny, of Breslau, one of the first authorities on the subject, says that the breast-fed child should not be fed at all during the first day, and on the following day only three or four times; afterwards five or six times a day being sufficient. The first week or two is the time when the child must learn good habits as to food and sleep. Miss Aiken says: "The child should from the beginning be trained to sleep at night. The question of waking hours is largely a matter of training in the first few weeks. A baby that is allowed to sleep all day is more likely to be awake and restless at night." And a wakeful baby would certainly expect to be fed. Dr. Lewis says on the same subject: "It is of the greatest importance that the child should be fed only at fixed times, with which nothing should be allowed to interfere. Irregularity in feeding not only encourages crying in the child, but tends to set up diarrhoea and other digestive troubles."

As to the amount given at each feed, it is clear that it must be no more than the stomach of the child will comfortably accommodate, and this is from one to one and a half ounces at birth. Dr. Snowman, in a recent article in the "Lancet," says that the amount required by each child varies according to its weight and surface area. "It is at once obvious that we cannot rationally satisfy the vital process of two healthy babies according to infant feeding tables when one weighs 6½ pounds and the other 10 pounds at the same age." He gives a table of the different quantities necessary for babies of different weights, from the ounce and a half required for the 6½ lb. child to the seven ounce feed for a child weighing nineteen pounds. The stomach of the larger child will, of course, hold more, and it needs therefore to be fed less frequently.

There has been a great change in the habits of civilized peoples within the last century or two as to the length of time that the child should be breast-fed. In the fifteenth century the English mother was accustomed to feed the

child till it was from two to three years old, the time which is still observed by less civilized nations, such as the Greenlanders. But from the middle ages the time has gradually become shorter, until the usual custom now is to cease at the age of nine months. Our foremothers probably thought it right to suckle the child till it had enough teeth to tackle the rough and tough food that its elders were accustomed to eat, for their bread was mostly coarse and brown, while fresh meat and vegetables were unattainable luxuries, at least in winter, 300 or 400 years ago, and, as we have seen, milk was considered unwholesome for young children. No doubt it was so, kept as it must have been in the unclean and unventilated dwellings that were our ancestors' abodes.

There is more diversity of opinion as to the quality of the milk to be used for artificial feeding. Nature is a great chemist, and it happens very rarely that the milk secreted in the mother's breast is not the very best food for her child. The director of the Berlin Lying-in Hospital asserts that 100 per cent. of his hospital patients could suckle their infants. He allows, however, that with some mothers the quality of the milk seems to disagree with the child in a few weeks' time; and he also says that it is true that there are infants who absolutely cannot be made to take the breast. This is, of course, largely dependent on the patience of the nurse, who should persevere in her endeavours for a long time before giving up the attempt as hopeless.

Cow's milk is generally accepted as the best substitute for breast milk. Varying as it does in the proportions of its constituents from breast milk, it is diluted by most authorities with water according to the age of the child, increasing from one part of water to two of milk during the first month, to undiluted milk as soon as the child is able to digest it, say at six months. But Dr. Budin, of Paris, feeds the youngest infants on undiluted, but sterilized, cow's milk with success. This plan has recently been adopted with good results in a Dublin Lying-in Hospital. In other infants' hospitals the milk is received daily into a laboratory, where the food for each child is scientifically prepared with the due proportion of fat, casein, etc., that has been prescribed for it. All doctors seem to agree that the milk shall not be boiled, but that, unless the greatest care has been taken in keeping the milk absolutely germ-free from the cow to the feeding bottle, it shall be sterilized by exposure to heat (150-160 F.) for about half an hour.

Taking it altogether, the modern infant receives much more scientific attention than ever fell to the lot of its predecessors. Not only with regard to its food, for its clothes have been altered in the direction of health and comfort. No longer in wrappings that prevent any free use of the limbs, it wears soft, light woolen garments that cover its chest and arms, and do not drag heavy weights of petticoats from its legs. No self-respecting mother of the present day would let her child be seen in the conveyance that first received the name of "perambulator," some fifty years ago. It was a wooden, shadeless, springless box on wheels that only allowed the child to sit upright, and was therefore useless for small babies. But it had the merit of not being easily upset, and the baby did not receive the continual jogging motion from it that seems to be the aim of many modern "prams."

Bristol, England.

MARY N. OXFORD.

ST. MARY'S HOSPITAL, ROCHESTER.

During a recent visit to St. Mary's Hospital, Rochester, New York, often spoken of as the Mayo Brothers' Hospital, the following details with regard to the preparation of patients and operating room technique were collected.

Having regard to the large number of operations, often 30 (mainly major), between the hours of 8 a.m. and 1.30 p.m., and the high percentage of cured or improved cases, one cannot but be struck with the thorough yet simple methods of procedure. For an operation for the following morning the patient would go in at 2 or 3 p.m., and on arrival a dose of 2 oz. castor oil given, and if satisfactory results were not obtained, a soap-suds enema would be given early in the morning.

A light supper of tea, toast and cereal is allowed, and then nothing more before operation, not even water. A hot bath is taken three hours later, but no pad or antiseptic dressing is placed on the field of operation, which is shaved just before going to the operating room. The soap used for the skin and the operator's hands is Jumbo Soap. It is much favoured by mechanics for removing grease; it is strongly alkaline, contains pumice, and produces a good lather. It is well suited for the purpose, as it removes loose epitelium and oily substances, leaving the skin smooth as well as clean, resembling Hand Sapolio, much used by some Philadelphia surgeons.

In stomach cases, lavage with warm water and a hypodermic of 1/6 gr. morphia precede the operation. In goitre or other neck cases a hypodermic of 1/8 gr. morphia and 1/120 atropine (to prevent the formation of mucus) is given, otherwise no drugs are used. The anaesthetic is always given in the operating room, and the anaesthetists are all nurses specially trained for this work. The results are wonderfully good. The anaesthetizing medium, except in a very small percentage of cases, is ether by the open method.

A thick blanket is folded over the legs, extending halfway up the thighs, secured by a wide strap, buckled above the knees. The patient's hands are crossed over the chest and secured with gauze to the head of the table, so that they can move only slightly sidewise and upwards.

The preparation of the skin is carried out whilst the patient is being anaesthetized, which seems to have the effect of diverting the patient's mind from the anaesthetizing process and is undoubtedly a saving of time. The skin is thoroughly cleaned with a pad of gauze, covered with a thick lather of Jumbo Soap, washed off with Harrington's Solution, followed by 70 per cent. alcohol. If the skin is at all irritable, tincture of iodine is applied. In emergency cases the iodine preparation has been found very efficacious, the skin being kept as dry as possible and the strength only 2½ per cent. tincture iodine, otherwise dermatitis may follow.

The operator's and assistants' hands are well washed in running water with gauze and soap, the brush being used for the nails only, which are also carefully cleaned with a nail file and washed off with Harrington's Solution. The hands are then immersed in 70 per cent. alcohol.

The operator and his first assistant wear a linen cap, a face-piece tied around the mouth, rubber gloves, sleeves half-way to the elbows covered with long sleeves pinned on with safety-pins, and a small towel also pinned on the

chest. The latter are changed before each operation, but not the gown, unless it is soiled or the case has been septic.

All instruments are sterilized in water (with soda), except knives, which are kept in 10 per cent. solution of lysol. All basins, pans, trays, gloves, etc., are boiled, and the latter placed in 1-5000 bichloride of mercury. All dressings, pads, gowns, etc., are prepared in the steam sterilizer at 15 lbs. pressure. The sponges are made of gauze, and so folded as to leave no cut edges exposed. The packing has hemmed edges and a tape 6 inches long attached to one end. All clean, non-drainage wounds are dressed with several layers of gauze, wrung out of 1-500 tincture iodine and water, covered with a dry pad and held in place with adhesive strapping. In drainage cases the gauze is wrung out of saline solution, covered with absorbent cotton and common sterilized cotton outside to distribute the moisture, and finally a binder. No silk is used in this hospital, but a hard, twisted, black Irish linen thread (Nos. 25, 35, 50), sterilized by boiling. Silk-worm gut, horsehair, and catgut, carefully prepared in the hospital, are all used. Straight and curved glass tubes, with a strip of tape and a moist dressing surrounding it, are used for peritonitis cases and large abscess cavities. Rubber tubing with a casing of tape, or small drains made by rolling up a sheet of gutta-percha tissue, are much in vogue, but gauze is only used in small quantities for favouring clotting in the abdomen. Drains are removed early, often within four or five days, from the gall-bladder after seven or eight days, and from the hepatic duct after eight to nine days. Very few drugs are given, and little dependence is placed on strychnine and digitalis, shock and toxic symptoms being treated by more natural remedies, such as saline injections, given very slowly and with a smooth glass tube or soft rubber tubing, which will not irritate the terminal nerve endings. The can is placed only six inches above the rectum, so that the saline is given at the rate of one quart per hour. When appendicitis cases come in of four to five days' standing, with vomiting and temperature about 103, the routine practice is to give rectal salines, an ice-bag to the abdomen, and nothing by mouth till ready for operation. If there are signs of pus formation, the operation is deferred till the abscess has formed, when it ruptures outside on operation and is drained.

For gas the rectal tube is first used, then a soapsuds enema, which is repeated if necessary with salts and glycerine or one dram of a saturated solution of alum to one pint water, with equal parts of milk and molasses. About 50 per cent. of cases vomit once, and 25 per cent. are nauseated for two days. If the vomiting continues the stomach is washed out, and if there is suspicion of any toxic condition, this is repeated every three or four hours and plenty of saline injections given to dilute the toxins till the antibodies are prepared.

The patients are allowed out of bed early; hysterectomy cases often on 10th day; inguinal hernia cases, 10th to 12th day; umbilical hernia cases are kept in bed until 17th to 21st day; neck cases are allowed up on 2nd day.

Since the opening of the hospital in 1889, 33,500 patients have been received and cared for. Resident surgeons and nurses are allowed to see operations, special stands being arranged for their convenience.

M. A. ELLISON.

A SUGGESTION AS TO HOW SKILLED NURSING MAY BE SUPPLIED TO PEOPLE OF MODERATE MEANS.

The need, in times of severe illness, for continuous skilled nursing in the homes of those of moderate means, for a much lower fee than the graduate nurse must in justice to herself ask, is becoming more apparent every year. Various plans have been suggested, but we seem to be no nearer a practical solution of the difficulty than we were before.

Some time ago I made a suggestion that the remedy might be found through the insurance companies, and interviewed several of them regarding the matter. Nearly all seemed to think it might be feasible in "the future," but there were too many obstacles to be overcome in "the present." Of course it would mean an altogether new department of insurance, just as accident insurance was a new department at one time.

Although having failed in one direction, I feel that the need is so great we should not be discouraged, but should continue to try and find a way out of the difficulty—a way that would be both fair to the nursing profession and beneficial to the public.

The following is another suggestion:—If all our hospitals having nurses-in-training could arrange to increase, say by one-third, or one-quarter, or even less, their present nurse-in-training staff, and, in addition to their other courses of instruction, to give a course in practical home nursing during the years in training, I think the need could be to a great extent met and the hospitals not suffer in any financial way whatsoever, for the fees charged the patient would, of course, be collected by the hospital.

The main difficulty, as it seems to me, would be the extra accommodation needed for the extra nurses, but that, I am sure, could be overcome, all else being favourable.

The advantages to the pupil nurse of such a course would be great, for she will learn, under instruction, how best to adapt herself to many and various conditions, a thing that will be of great value to her when beginning private practice on her own account.

In no way could such a course disadvantageously affect the graduate nurse, for the doctors calling upon the hospital for such a nurse would understand it was only for such patients as could not otherwise afford to engage a nurse, that the hospital nurses are available. Some such regulations as these might be suggested:—

That the Department have a regular supervisor;

That all fees be collected by the hospital, such fees not to exceed, say, \$1 per day;

That the doctors engaging the nurses agree to send a written report and criticism of the nurse's work, etc., to the supervisor at the end of or during the continuance of the case, for her guidance in their training;

That nurses be supplied with bags containing necessary outfit for cases to which called:

That each nurse will be given as varied a home nursing training as possible, care being taken that this department does not become almost altogether

an outdoor obstetrical department, which it might be apt to do were due precaution not taken;

That no nurse be sent out on "Home Nursing" till she has been in training at least one-third of the time required by her school, that is, if a three years' course is given, till after she has been in training at least a year.

There is, of course, much detail in such a course that would have to be worked out by each individual hospital, but if earnestly and enthusiastically taken in hand by all, some such plan as this might satisfactorily be followed, much to the benefit of the community.

Toronto.

HILDEGARDE BURLAND.

THE PROBLEMS OF SYPHILIS.

Homer F. Swift, M.D.,

Assistant Resident Physician Hospital of the Rockefeller Institute for
Medical Research.

Just one year ago, an announcement was made to the world that a new drug, then called "606," for the treatment of syphilis had been discovered by Ehrlich. At first, this was received cautiously, for the experience with atoxyl, arsacetin, and arsenophenylglycin, all organic arsenic compounds, was fresh in the minds of the profession. While these drugs had effected apparently remarkable cures, their application was not infrequently followed by, permanent blindness or deafness, due to an atrophy which they induced in the nerves of sight and hearing.

Hata, who conducted the first experiments on animals infected with syphilis and other diseases due to spirilla, had never seen any blindness or deafness in animals following injections of "606," such as he had frequently noted after other organic arsenic compounds. In spite of these encouraging results in animals, Ehrlich said that a new remedy, which was to be applied to a disease of man, should be thoroughly studied on man before it was placed on the open market. He therefore distributed about twenty thousand doses of "606" to competent observers in different parts of the world, and asked them to use it on patients who could be carefully controlled in hospitals where accurate records could be kept. He gave the individual workers the greatest latitude in the mode of application; in this way, he hoped to learn the most efficient form.

In four months after the first announcement, the daily papers and other popular periodicals were full of the news of the wonderful cure. By a single injection, the disease was to be cured and in a few years the world would be rid of one of the worst scourges of mankind! While the picture may have been somewhat overdrawn by a popular and non-medical imagination, still many of the ideas were derived from medical men who saw clinical symptoms disappear in a marvelously short time. Ehrlich had advanced his theory of *sterilisans magna*, the complete destruction of the cause of the disease at one stroke, and because the visible symptoms disappeared so quickly, and the spirochete could not be found in moist superficial lesions twenty-four hours after an injection, people were led to believe that the complete sterilization

had been attained and the treatment of syphilis was reduced to a single injection of the new and wonderful remedy. Physicians who had spent years in the study of syphilis and realized the difficulties in its cure, were more guarded in their prognosis, and advised waiting for some years before rendering a final verdict.

Because of the uncertain status of the new drug, it was thought wise at the opening of the Hospital of the Rockefeller Institute, to select the treatment of syphilis as one of the problems for study. The poor facilities for the treatment of syphilis, offered by the general hospitals in this country, seemed to make this need all the more urgent. Most of the observations were being carried on by private individuals who were compelled to send their patients to small private hospitals, because the doors of the great public institutions, which are equipped with men and should be provided with apparatus to make accurate observations, are closed to a person suffering from syphilis. Such a patient is regarded as a criminal, and the stigma attached to the name, syphilis, is more efficient in excluding him than the frightful results of the disease are in providing a proper place for this treatment. At no time has this discrimination against syphilitics been more acutely brought to our attention than at present, when it is necessary to have hospital facilities for the proper administration of the Salvarsan. In Greater New York, there are only two or three hospitals with wards for the treatment of such patients. If they are admitted to the other hospitals, they must be sent in with some other diagnosis, or by a special dispensation of the directors, and this, in spite of the fact that syphilis, when recognized, is one of the least infectious and easiest isolated of diseases. Ample provisions are made for the reception of patients with late visceral manifestations, such as aneurysm of the aorta, or cirrhosis of the liver, or paralysis, but no place is provided where the disease may be carefully studied in its early stages, and the doctor and nurse in their training learn the true nature of the malady.

In making a diagnosis to-day, one must frequently resort to the Wassermann reaction. This is a test applied to the blood serum of the patient, and must be carried out in a well-equipped laboratory by trained serologists, in order to obtain reliable results. It is used not only in the diagnosis of the disease, but is now one of the most important guides as to the efficiency of treatment. Although all other symptoms may have disappeared, as long as the reaction is positive, it is an indication for continued treatment, and we are justified in declaring a patient cured only after repeated negative reactions, following the cessation of treatment. By controlling the treatment with Wassermann reaction, it is to be expected that many of the late serious manifestations of the disease may be avoided. The cost of the reaction places it beyond the reach of the charity patient, and hence, all hospitals which pretend to treat syphilis should be prepared to make the examination whenever it is necessary without charge, for it is just as important in the treatment of syphilis, as is a microscopic examination of the blood in the treatment of malaria.

The finding of *spirochaete pallida*, the micro-organism which causes syphilis, is another important aid in making an early diagnosis, and when

it is found in the primary ulcer, we are justified in instituting treatment without waiting for the rash and other general symptoms to appear. It is most important to begin treatment in this early stage, for by so doing, the time necessary for a cure can be much shortened, and the patient is often saved from a dangerous saturation with the virus.

With these valuable aids at our disposal, and the possibility of selecting our patients so that we could follow them to the best advantage, we have been studying the effect of "606" or Salvarsan, as it is now named. At first it was injected into the muscles, but this resulted in much pain and often long standing induration at the site of the injection. Experiments on animals have shown that there is extensive necrosis in the muscle. This results in a storing up of the arsenic, hence, the effect is slower than when the Salvarsan is injected intravenously. The latter method is practically painless, and is probably more effective. At present, it is considered the method of choice.

Some of the early cases, which were rendered free from symptoms and gave a negative Wassermann reaction, are now appearing with positive reactions and symptoms. These early patients were treated with only a single injection. Now, we have learned that we may repeat the treatment with safety, and are giving two or more injections. In spite of brilliant clinical results, it now seems that, except very early in the disease, a permanent cure is not effected by one or two injections, but that a combination of Salvarsan and mercury yields more rapid and permanent results than either one alone. The danger to the optic and auditory nerves has been shown to be very slight, and there is probably more danger to these nerves from the disease than from the Salvarsan.

Only the experience of a number of years can render a final verdict as to the true value of Salvarsan, but the work so far has shown us the necessity of careful, long continued study, as well as the value of the truly wonderful new remedy in the struggle against one of the most serious afflictions of the human race.—The Johns Hopkins Nurses Alumnae Magazine.

NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

A number of nurses from all parts of the Province assembled in Halifax on September 6th to attend the Annual Meeting of the Graduate Nurses' Association, which was held at the Nurses' Home of the Victoria General Hospital. The meeting was opened with prayer by the Rev. V. E. Harris.

The officers of the previous year were re-elected:—

Hon. President—Mrs. W. D. Forrest.

President—Miss Pemberton.

Loq^r Vice-President—Miss T. Fraser, R.N.

Secretary—Miss Kirke.

Treasurer—Miss McKeil.

Provincial Vice-Presidents—Miss Sheraton, New Glasgow; Miss Sampson, Dartmouth; Miss Kirkpatrick, Windsor.

The Registrar reported 279 calls for private nurses, 14 of which were for male nurses. There had also been 12 calls for attendants. Very satisfactory reports were submitted by the Treasurer and the Secretary.

The membership roll now numbers 90, 30 names having been added during the year. Several of the Halifax doctors have been kind enough to give lectures at the monthly meetings, on subjects of special professional interest, all of which have been greatly appreciated by the members.

The Association also had the advantage of hearing a most instructive address on State Registration for Nurses, from Miss Mackenzie, of Ottawa.

Considerable progress has been made, including the appointment of a Provisional Board of Examiners, composed of three members of the nursing profession who had held executive appointments in public institutions which were Training Schools for Nurses, and two members of the medical profession. The following elections have been made:—

Nurse Examiners—Mrs. W. D. Forrest, Hon. President of this Association; Miss Pope, R.R.C., Matron Military Station Hospital; Miss Fraser, R.N., Superintendent of the Halifax Children's Hospital.

Medical Representative of the Nurses' Association—Dr. M. A. Curry.

Representative of the Nova Scotia Medical Society—Dr. K. A. McKenzie.

Nurses who had graduated from institutions of less than 30 beds were previously ineligible for membership, but would now have an opportunity of admission, conditional on passing this local examination.

The establishment of a "Benefit Fund" for invalided nurses was another undertaking prospective of success.

A special feature of the meeting was a most interesting address on Missionary Nursing in India, by Dr. Blanche Munroe, of the Hoyt Memorial Hospital, Jhansi. A speech of great encouragement was also made by the Rev. A. B. Cohoe. Mr. Cohoe made special reference to the influence of the trained nurse as an educational factor in the welfare of the nation.

The satisfactory reports were briefly reviewed by the President, who also made reference to the encouragement and interest which the Association received from outside sources. Votes of thanks to the speakers were moved by Mrs. Forrest, Halifax, and seconded by Miss Kirkpatrick, of Windsor. Also a vote of thanks was passed to Miss Kirke for her invaluable services in the progress of the organization.

NURSES' FAIR.

In aid of the Nurses' Sick Benefit Fund of the Association an open air bazaar was held at the Nurses' Home of the Halifax Victoria General Hospital.

Miss Kirke, Superintendent of the hospital, and her staff, received many congratulations, not only for the excellently equipped stalls of plain and fancy work, for which they had made themselves responsible, but for the perfect detail of all the arrangements.

The Nursery Booth, under the supervision of Miss F. M. Fraser and nurses of the Halifax Children's Hospital, assisted by Miss McKeil, "Restholm," and Miss Leyton, with two of her nurses from St. Joseph's Hospital, Glace

Bay, was one of special attraction. It was furnished with every comfort and luxury of infant requirement. The nursery screen of original design executed by Miss Margaret Ellis, recently of the Victorian Order, had many admirers.

The Doll Show, in charge of Miss Pope and sisters of the Station Hospital, was a great success. Doll representatives of the various Hospital Training Schools, the Victorian Order Nurse, and two beautifully dressed as English and Canadian Army Nursing Sisters, won many compliments.

"Mrs. Wiggs," very cleverly represented by Miss M. McDonald, of the Victoria General Hospital, with her inexhaustible supply of wit and humour, and seemingly inexhaustible cabbage market, afforded endless amusement. Miss F. McKie, as Fortune Teller, also attracted much patronage.

The reception room of the Nurses' Home made an excellent tea room, and with refreshments served by Mrs. Forrest, assisted by a number of nurses in uniform, proved a very popular retreat.

The profits of the sale have resulted in a very substantial foundation for the "Benefit Fund," and this has already been augmented by several donations from private individuals. Valuable assistance was also rendered by contributions from the staff of the Nova Scotia Hospital; St. Joseph's Hospital, Glace Bay; the Payzant Memorial Hospital, Windsor, and other provincial institutions. The Association is also indebted to a number of business firms for very generous assistance, more especially to the J. F. Hartz Co., Toronto; Messrs. Bouroughs & Welcome, Montreal; Messrs. Holloway Bros. and Belwin & Co., Halifax, and to the Scotia Pure Milk Company.

FLORENCE NIGHTINGALE AND ISLA STEWART.

The graduating class of 1911 were the guests at the annual luncheon of the Nurses' Association of the Toronto General Hospital Training School for Nurses, held in the beautiful grounds of the hospital.

Miss Snively was present, greatly to the delight of the members, and her successor in office as Lady Superintendent, Miss R. L. Stewart, upon the conclusion of her address on "Superintendents of Training Schools," proposed two toasts which were honoured in silence—one to the late Florence Nightingale, mother of nursing, and one to the late Isla Stewart, her brilliant pupil, "whose noble work and untiring zeal for the profession of nursing will never cease to be remembered."

How gratifying it is to those of us who shared her labours, and knew her noble mind, that already throughout the great Canadian Continent the name of Isla Stewart should be naturally associated with that of Florence Nightingale for honourable recognition by Canadian nurses! As time passes it will become universally recognized that no pupil trained in the Nightingale School for Nurses can ever quite attain the altruistic altitude touched by Isla Stewart in her devotion to professional ideals. The work she initiated is done. It cannot be repeated or undone. Resting on the rock of right, neither stress nor storm of contending interests can sweep it away. It was not the least of the sacrifices she made for us—the profession, as a whole—that her courageous demand for nursing unity and legislation brought her into acute controversy

with the authorities of her Alma Mater at St. Thomas' Hospital, and resulted in a futile attempt upon the part of these men to depreciate her genius—by ignoring her existence.

Just realize the situation.

The woman possessed of stupendous personality; ardently generous and upright, inspired by the flaming conscience and intelligence which alone produce the great citizen—neither to be intimidated nor bribed.

For she stood firm for the interests of the rank and file—herself holding the blue ribbon of the nursing profession—even when death came creeping nearer hour by hour, from which she never turned her face.

Then the Passing.

And what of her antagonists?

Shameful silence. Not one word of regret—or a flower to grace her grave—came from the training school of which she was, and will ever remain, the greatest pupil and glory!

Dear Canadian colleagues, your spontaneous veneration for the eminence of Isla Stewart reflects upon you the honour which you accord to her. We thank you.—*British Journal of Nursing*.

THE SCHOOL NURSE.

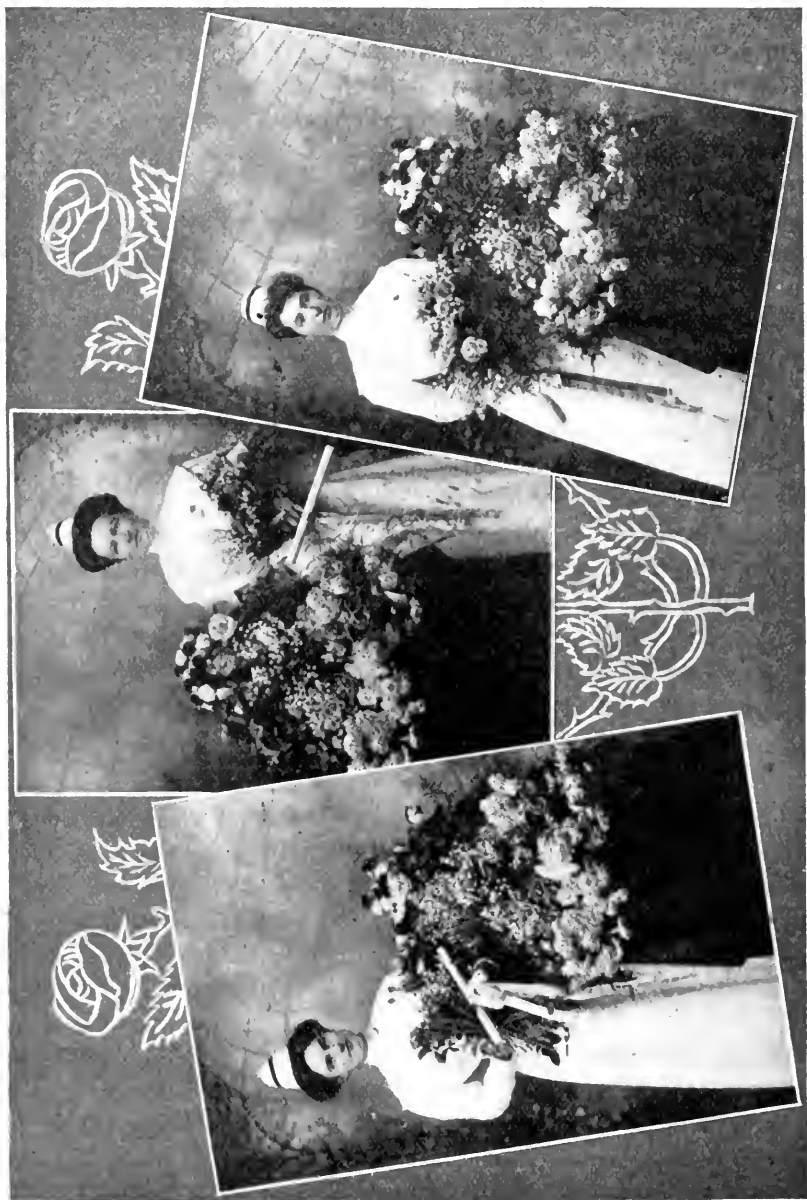
The class for backward and mentally defective children which was formed in Vancouver March 1st, 1911, has proved so successful that it has been decided to open a second class on October 1st, in charge of Miss Ruby Kerr. The work of the school nurse in Vancouver has grown to such an extent that it has been found necessary to employ a second nurse. Miss Aletha McLellan, graduate of Lowell, Mass., has received the appointment.

Miss Bone, Grace Hospital, Toronto, is taking a course in school nursing in Vancouver.

Miss Gilchrist, London, Ont., reports, as a result of her inspections for May and June, seven children had tonsils and adenoids removed, five had glasses fitted, and 14 had teeth filled. Some amusing things happen. One morning a child said: "Please, I was not expecting you: I am not fixed up." You may imagine the appearance of the child.

Dr. George Newman, Chief Medical Officer of the Board of Education, England, says that it is evident that the problem of disease and physical unfitness from infancy to the end of school life is, broadly speaking, one and the same; and that the conditions, whatever they may be, which produce a high mortality rate, are also exerting an injurious influence on the childhood of the state much beyond the age of infancy.—*Bulletin Chicago School of Sanitary Instruction*.

The Heather Club will hold its Annual Apron Sale at 611 Spadina Avenue on the afternoon and evening of November 9th.



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Editorial

"THE CANADIAN NURSE."

"The Canadian Nurse" for May, 1910, set before its readers the financial position of the magazine and a plan was suggested by which a much better position might be obtained. The Canadian Nurse Fund was started and the interest of the nurses of Canada was solicited. The response has not been all that was hoped for.

The following is the report to date: E. J. Jamieson, \$1; Alice J. Scott, \$1; Minnie E. Christie, \$1; Bella Crosby, \$1; Mrs. Downey, \$1; F. Wilson, Winnipeg, \$5; B. Forsey, Mexico, \$1; Alumnae Association, Kingston General Hospital, \$10. Ida M. Carr, Brockville, Article \$2.50.

The goal set before us was one thousand dollars. We may reach it some day if we persevere.

To provide skilled nursing for people of moderate means has been for a long time and still is a live question among nurses. The profession has long realized that this important field of work has not been covered. Different methods have been discussed from time to time, but to entirely solve the difficulty has, so far, seemed impossible. "The Canadian Nurse" for December, 1909, contained an article suggesting a plan by which this work might be done. This issue contains another suggestion by the same author and while we may not entirely agree with the principle still the article shows that the subject is being given thoughtful attention. It is hoped that members of the profession will express their views and offer suggestions. The result will surely be the solution of the difficulty and skilled nursing will be made available to people of moderate means.

We learn with deep regret the sad news of the sudden death of Miss Estrid Rodhe, the greatly esteemed editor of *Svensk Sjukskötersketidning*, the representative organ of Swedish nurses.

The trained nurses of England, America and India have had, within a few months, to lament the loss of professional leaders of the very first rank, and the death of Estrid Rodhe, who devoted her life to raising the standard of nursing in Sweden with so much success, will add another name to the list of those to whom nurses throughout the world owe gratitude and remembrance. The Swedish nurses have suffered the loss of a devoted friend and able leader. To them "The Canadian Nurse" tenders its most sincere sympathy.

ANTI-TUBERCULOSIS CAMPAIGN.

That the forces at work to combat tuberculosis are ever increasing is evident from the following extracts from "Bulletin, Chicago School of Sanitary Instruction":—

"The Chicago Tuberculosis Institute is about to undertake the gigantic task of examining some 18,000 employes of several large mercantile establishments of this city for the purpose of detecting cases of incipient tuberculosis and causing the prompt application of remedial measures thereto. In this connection the Institute issues the following bulletin:

"Early detection of tuberculosis in an employe is of great importance to himself, his co-workers and his employer.

"The chance of ultimate 'cure' or 'arrest,' as well as restoration of the working capacity, gradually diminishes with the growth of the disease. The possibility of infecting others grows with the gradual transformation of a 'closed' incipient lesion into 'open' tuberculosis, with its swarm of tubercle bacilli in the sputum. The interests of employer are alike vitally affected by the gradual diminution of the productive capacity of a tuberculous employe.

"These considerations call for a system of medical examination of employes in all working places, as a measure of great importance to all concerned, the expense entailed in the maintenance of examinations being far outbalanced by the benefits derived.

"As a result of the efforts made by the Chicago Tuberculosis Institute during the last two years to interest manufacturing concerns in the medical examination of their employes, several of the larger firms in this city have recently put into operation measures calculated to reduce the amount of tuberculosis among their employes."

"The State of Massachusetts has recently placed upon its statute books several laws that easily place it in the vanguard as to public health matters. One of these laws provides that in every city and town in the State containing a population of 10,000 or more, as determined by the United States census, there shall be established and maintained within its limits a dispensary for the discovery, treatment and supervision of needy persons afflicted with tuberculosis. Such dispensaries shall be subject to the regulations of the boards of health in the cities or towns where they are located. Any city or town failing or refusing to comply with the provisions of the Act shall forfeit not more than \$500 for each such refusal or neglect."

The new City Tuberculosis Hospital in Winnipeg for advanced cases, and the Provincial Sanatorium at Ninette for incipient cases, show that Manitoba is taking a foremost part in the war against this terrible plague. The two prime objects ever in mind are (1) the saving of those in the early stages, and (2) the prevention of infection. These forces, added to the work of the Anti-Tuberculosis Society, the Ladies' Auxiliary, the Tuberculosis Dispensary, and the Health Department, will accomplish much in this campaign.

The Public Health Exhibit recently held in the City of Toronto, and which was practically the first exhibit of its kind to be held in the Dominion, attracted large crowds of people and was voted an emphatic success by all who saw it. Among the exhibits that attracted particular attention and much

favorable comment was the exhibit installed by the Health Department of Chicago. The newspapers of Toronto devoted much space to the entire exhibit and were especially complimentary in their notices of the Chicago exhibit. The Governor-General of Canada, Hon. Earl Grey, spent considerable time in the study of the Chicago display and was so impressed with it that he has since made arrangements with the Commissioner for Health for its reproduction for exhibition purposes in Canada. The exhibit in its entirety may now be seen at the Coliseum.—*Bulletin Chicago School of Sanitary Instruction.*

Miss C. A. Aikens, Detroit, Mich., writes to ask assistance for one of the first graduates of St. Thomas' Hospital Training School for Nurses, which was founded by Florence Nightingale. Miss Aikens says: "One of those first seven trained nurses was Fanny Wilde. Not long ago I discovered Fanny Wilde—now Mrs. McEvoy—eighty-one years old, in dire distress and without any support for her remaining years." Her husband is eighty, their savings are used up, and they are in danger of being turned out for unpaid rent. The parish, though a poor one, has done much for them. Nurses will gladly help this aged member of the profession, I am sure, when they learn of the sore need. All contributions should be sent to Miss C. A. Aikens, 722 Sheridan Avenue, Detroit, Mich.

QUESTIONS.

Will nurses please note these questions and send answers through "The Canadian Nurse":—

1. What drug given internally would cause urine to become green after standing exposed to air a few minutes, the patient convalescing from typhoid fever?

2. Why is morphia so often ordered given to a patient when near death? Was told by a physician it was more stimulating to patients having kidney trouble than strychnine. I am not referring to patients who are suffering, but to those requiring stimulation.

3. When on private duty what is the best way to measure boracic solution for flushing babes' eyes, when you have no way of weighing the powder accurately?

A YOUNG NURSE.

OFFICIAL DEPARTMENT.



- Queen Alexandra's Imperial Military Nursing Service.
- The Canadian Permanent Army Medical Service (Nursing Branch).
- The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Madden, R.N., Supt. of Nurses, City Hospital, Hamilton; Secretary, Miss Scott, 11 Chicora Ave., Toronto.
- The Canadian National Association of Trained Nurses.—President, Miss Snively, St. Catharines; Secretary, Miss Stewart, Supt. of Nurses, General Hospital, Toronto.
- The Association of Hospital Superintendents of Canada.—President, Dr. Boyce, Supt. General Hospital, Kingston; Secretary, Dr. Dobbie, Supt. Tuberculosis Hospital, Weston.
- The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave, Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.
- The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabea Gauld, 375 Langside St., Winnipeg.
- The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.
- The Graduate Nurses' Association of Ontario.—President, Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.
- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.
- The Guild of St. Barnabas for Nurses.
- The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.
- The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.
- The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.
- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. Manson, 630 Sixth St., Harrison.
- The Ottawa Graduate Nurses' Association.—President, Mrs. Douglas, 366 Daly Ave, Ottawa; Secretary, Miss Snow, Nurses' Club, Somerset St., Ottawa.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harrison.
- The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.
- The Guelph General Hospital Alumnae Association.—President, Miss J. J. Frew; Cor. Sec., Miss M. Walker, 263 Grange St.
- The Hamilton City Hospital Alumnae Association.—President, Miss N. J. Burnett; Cor. Sec., Miss Etta McLeay, The Mountain Sanatorium.
- The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss Roche, Victoria Hospital, London, Ont.
- The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy. Mrs. W. J. Crothers, Jr., 86 Barrie St.
- The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.
- The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.
- The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss E. M. El-Hott.
- The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 569 Bathurst St.
- The Toronto General Hospital Alumnae Association.—President, Miss Julia Stewart, 12 Selby St.; Cor. Secy., Mrs. N. Aubin.
- The Toronto Grace Hospital Alumnae Association.—President, Miss DeVelin, 505 Sherbourne St.; Secretary, Miss Allen, 71 Grenville St.
- The Toronto Graduate Nurses' Club.—President, Miss Connor, 418 Sumach St.; Sec., Miss E. Ross Greene, Hospital for Incurables.
- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.
- The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.
- The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.
- The Vancouver General Hospital Alumnae Association.—President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss Keast, Cranberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 97 Delaware Ave.
- Nicholl's Hospital Alumnae Association.—President, Miss Dixon, 501 Water St.; Secretary, Mrs. Jackson, 567 Pater son St.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Miss Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. Mill Pellatt, 36 Jackes St.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmitt, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss A. Robertson, 182 Walmer Rd.; Recording Secretary, Miss Monk, 664 Ontario St.; Corresponding Secretary, Miss B. Goodall, 666 Euclid Ave.; Treasurer, Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 23 Woodlawn Ave. E.; Miss Charters, 425 Carlton St.; Miss G. Gowans, 5 Dupont St.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss M. Barnard, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 605 Ontario St.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allen, 71 Grenville St.; Treasurer, Miss Macpherson, Palmerston Boulevard.

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee, Miss Shatford, Mrs. Corrigan and Miss Webster; Sick Committee, Misses Irvine and Gibson; Convener of Programme Committee, Miss McMillan; Convener of Press and Publication Committee, Miss Smith, 9 Pembroke St.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss M. Wilson, 30 Brunswick Ave.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Miss Madeline Ruck, 671 Huron St.

The Canadian Nurse—Miss M. Butchart.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

(Continued from September)

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

When tired the four bearers stop, and tap on the poles, when four others step forward to relieve them, whom they salute with the gracious words, "Dio gliene renda merito" ("God reward you"), and the new-comers answer, "Vadano in pace" ("Go in peace").

The Capi di Guardia pay a yearly fee to the company, and take turns in bearing the expense of celebrating the Festival of St. Sebastian, Patron Saint of the order.

Early on that day, the 20th of January, High Mass is celebrated in the Oratory of the Confraternity, attended by the Archbishop and the chief authorities, a life-size statue of the saint on the altar, with a beautiful silver monstrance presented by King Humbert, and all the silver plate, reliquaries and other treasures of the company are displayed freely to the public for three days. The mass is followed by the quaint old ceremony of the distribution of the panellini, small cakes joined in a circle, as a token of brotherly fellowship.

On Candlemas Day blessed candles are distributed, their weight graduated in order of rank in the company; the King and Royal Family and the Archbishop receiving large painted ones, the rest plain.

(To be Continued)

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, Victoria Avenue, Eglinton; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss L. L. Rogers, 908 Bathurst Street, Toronto; Miss Jean C. Wardell, 171 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss Pringle, 23 Park Road, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 418 Sumach Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

The Executive of the G. N. A. O. met at the new club room, Canadian Foresters' Building, College Street, on Wednesday, October 4th, at 3 p.m. Eleven members present. Miss Gray, who has so faithfully performed the duties of Treasurer for two years, resigned, and Miss L. L. Rogers, 908 Bathurst Street, was appointed Treasurer. Fees received for 1911 to date, \$98.00; cash in bank, \$415.66. Two new members were received.

Exception was taken to the Bill as approved by the Association, by the Canadian Society of Superintendents of Training Schools for Nurses on the ground that graduate nurses are interfering with the curricula of the Superintendents. This, surely, is a misunderstanding, for the Bill does not in any way deal with a curriculum.

The Calendar—a picture of Sairy Gamp, with her own definition of the "Art of Nursing" finished in sepia tones—was approved. The first copies of this will be in hand very soon. Nurses are asked to assist the Association in its sale. Orders for the Calendar at 25 cents each may be sent to the President, 41 Rose Avenue, Toronto.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

Madam President and Members of the C. N. A.:

At this 16th Annual Meeting of the Canadian Nurses' Association it is with much pleasure I submit the following report:

During the past year eight general meetings have been held with an average attendance of forty members. At these gatherings most interesting and instructive lectures were given by the following: November, Miss Derrick, on Heredity and Environment; December, Dr. Little, on Obstetrics; January, owing to illness we were debarred the pleasure of hearing Dr. Pennoyer's lecture on Surgery but I am happy to announce that this lecture will appear on the list for the coming season; February, Dr. Maude Abbott, Original Contributions of Women to Medical Science; March, Dr. W. F. Hamilton, Fevers, with Special Reference to Typhoid; April, Dr. T. A. Starkey, Hygiene from the Nurse's Standpoint.

The last meeting held in May was devoted to reminiscences of graduates. Miss Tedford spoke instructively and most interestingly on Modern Surgery, showing several new instruments and explaining their uses; Miss Trench, Superintendent of the Woman's Hospital, gave a short address dwelling specially on Caesarian section operations, which was greatly appreciated. Several other graduates spoke of interesting experiences. The thanks of the Association are duly extended to the doctors and ladies who so kindly contributed to the successful series of lectures for the past winter.

The various sub-committees have done noble work. The Flower Committee under Miss Colquhoun's supervision has helped to cheer many a sick and lonely one, as shown by grateful acknowledgments from those deprived from active service.

(Continued on Page 586)

My Scallop Shell of Quiet

THE TRUEST TREASURE.

Life may bring no bitter sorrow
When our hearts refuse submission,
When we long for a to-morrow
Bringing balm as Hope's fruition.

Love may bring no bitter sadness
When we know our love can never
Give anew the sense of gladness
That we thought it would forever.

Joy may bring no bitter trouble;
Faith may die in voiceless anguish;
Hope may seem an empty bubble,
When bereft of hope we languish.

Worldly peace may bring us only,
In our heart of hearts, disquiet;
Leaving us—will leave us lonely
Battling in the world's rude riot.

Trust in man may bring delusion;
Often, often hath it perished,
And we feel, in dim confusion,
'Twas a phantom that we cherished.

Trust in God in fullest measure
Holds of earthly change no leaven,
And it is the truest treasure,
For it makes of earth a heaven.

MACKENZIE BELL.



REGISTRATION OF NURSES.

On September 12th in the nurses' parlors of the new General Hospital, Regina, a representative gathering of the Saskatchewan Association of Graduate Nurses had the privilege of listening to an address by one of the most prominent women in the nursing profession in Canada, Miss Mary Ard McKenzie, of Ottawa, head of the Victorian Order of Nurses in the Dominion and, last year, President of the Association of Superintendents of Training Schools for Nurses. Her subject was one of outstanding interest to both the nursing profession and to the public, namely, Dominion registration of nurses. For the purpose of obtaining such registration, several nurses with a deep interest in, and a high regard for, their profession, organized the Saskatchewan Association some months ago.

Miss McKenzie, who is a most interesting speaker, in a clear, concise manner defined registration and its objects; pointed out a number of the obstacles and prejudices to be overcome in obtaining legislation; named several of the requisites of a good bill and touched upon the history of the movement and its progress to date, enumerating also the benefits to be derived.

Registration, Miss McKenzie defined in opening her address, as "A legislative measure, setting forth definite standards of education which nurses must obtain before being considered members of the profession."

Amongst the objects mentioned were: (1) To distinguish the trained woman from the untrained and thus avoid confusion. (2) To protect the public and doctors from having nurses partially trained for cases. (3) To protect other members of the profession. Every woman in uniform is to the public a trained nurse. This is an injustice to the many who have spent years in arduous training. Under a system of non-registration, both the sins of omission and commission of the untrained woman are laid at the door of the trained nurse. (4) To make uniform and systematize training for nurses; in other words to have a definite curriculum to which nurses must conform. (5) To raise the standard for the profession and retain a definite standard. The result of this will be that women with higher qualifications will be attracted to the profession than at the present time. Social service work especially requires college bred women.

Though the difficulties in the way of obtaining registration are not so

great in Canada as in the United States and Great Britain, still a number of obstacles and prejudices must be overcome.

Of these obstacles, the conservatism of the Canadian people was first touched upon; next, the objections from hospitals large or small not giving a well-rounded training. The registration movement is in many quarters misunderstood as a trade union for the purpose of shortening hours and raising prices, and is objected to upon these grounds, as well as the absurd one that it will bar out all women from doing any nursing, even for their own families, excepting a favored few who have had the required training. One of the greatest difficulties of all lies in the indifference of many nurses who, not considering the welfare of the profession, object that they only purpose staying in it a short time or that they see in registration no gain for themselves. To overcome these objections, education is required, education of the nurses of the public. The private nurse has opportunities for giving enlightenment whenever she has a patient. The press was mentioned as one of the best mediums for educating. It will be necessary to try to develop in nurses a professional spirit.

Miss McKenzie, who is now convenor of the Dominion Committee of Superintendents of Training Schools, appointed to deal with the question of registration, gave evidence of her splendid grasp of all phases of the question in enumerating points which are essential to a good bill.

First, "See that it is put under a recognized authority, something that already has acquired status. Legislation for registration of nurses is within the province of the Department of Education. Let it be stamped with the authority of this department. It will be necessary to begin with a provincial bill.

"In the second place, it must contain something definite in regard to admission and educational requirements. The length of course should be settled, three years being desirable.

"The curriculum should be settled with attention to the necessity for its being comprehensive and well-balanced.

"Provision should be made for the appointment of a Council and also for the transferring of nurses from one province to another. Qualifications touching character and penalties for unworthy conduct should be stated."

"As in all new bills, a proviso will be required whereby nurses already graduated may become registered nurses, but those entering upon their training at the present time must conform to the requirements stated."

While it is recognized that no bill can be a panacea for all ills, it is believed that with registration, the standards of the nursing profession will be raised and nurses will have a better status. Among nurses, it will promote the professional spirit and they will be bound together by a spirit of union. Training will become a really educational force and the public and doctors more contented. Nurses will be more settled and satisfied with conditions and women with better qualifications will take up the profession. The sick will be better cared for by those who are in earnest and take a serious view of their work.

No province in Canada has yet obtained registration, though two fruitless

attempts have been made in Ontario. All the provinces are now working but Prince Edward Island.

The plans for obtaining registration are as follows:

A small committee, composed of members of the Association of Superintendents of Training Schools, with Miss McKenzie as convenor, has been formed as a nucleus. It is planned to have a Dominion Registration Committee with representatives from each of the provinces, the Saskatchewan Association to have two. These representatives will work with the committee and look for all information in regard to registration, keeping the subject prominently before their associations. They will also, with the co-operation of their associations, draft bills suitable to the needs of their provinces. When all are drawn up, they will be taken by the Dominion Committee and from them a model bill will be prepared and presented in each province as near at the same time as possible.

The reasons advanced for this plan are that it will be possible to obtain a better bill when representatives from all parts are working on it and legislators will be more apt to give attention when women of the whole of Canada, who evidently know what they want, are behind the movement which has gained strength and dignity.

At the close of the address, those present had the pleasure of meeting Miss McKenzie and enjoying a social hour with her. Delicious refreshments were served, Mrs. W. A. Thomson and Mrs. E. J. Newton presiding over a table beautified with a profusion of sweet peas.

HOSPITALS AND NURSES

We regret an error in this department in the October number and welcome the correction. Miss Alice Stewart is Superintendent of the Tuberculosis League Hospital, Pittsburg, not of the Allegheny Hospital. Mr. P. K. Bechtel is Superintendent of the Allegheny General Hospital, Pittsburg, and Miss Muldrew, Johns Hopkins Hospital, '04, is the Superintendent of Nurses.

Miss Blackwell, graduate of Grace Hospital, has recently been appointed to the position of Superintendent, Midland Hospital.

Miss Baird, graduate of the Baptist Hospital, Chicago, and who for a year had charge of the operating room, Western Hospital, Toronto, has accepted the position of Assistant Superintendent in Stratford General Hospital.

Miss Goodall, graduate Hospital for Sick Children, who has been summering in the vicinity of Buffalo, has returned to the city very much improved in health, and intends taking up private nursing.

Miss Malcolm, graduate of the General Hospital, Paterson, N.J., is now in charge of the operating room Western Hospital, Toronto.

Misses Ingram and Ellerington, graduates of the Hospital for Sick Children, Toronto, have secured positions in the Mines Hospital, Cobalt, Ont.

The Misses Forrest, valued members of the Central Registry, left August 28th for Los Angeles, California, where they intend spending the winter.

— IN 1898 —

The London Lancet, after a careful examination of
SCOTT'S EMULSION

reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

We believe no other preparation of Cod Liver Oil has received such weighty commendation and if the same high authorities were to examine it now they would find it even finer, more digestible, more palatable and more satisfactory in every way.

SCOTT & BOWNE, - Bloomfield, N. J.

SAL LITHOFOS

A Valuable Effervescent Saline Laxative Especially indicated in the treatment of Rheumatism, Rheumatic Arthrica, Neuralgia and all Uric Acid Diseases.

SAL LITHOFOS is a preparation containing in an active state Lithia and Sodium Phosphates. It is of special service in the treatment of Chronic Rheumatic and Gouty conditions, their allied affectations and in many other disordered states.

Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

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Mrs. H. M. F. Bowman, Lady Superintendent of Berlin and Waterloo Hospital, Berlin, Ont., has returned from a most enjoyable trip to the West. Mrs. Bowman was the delegate of the Woman's Canadian Club of Berlin and Waterloo to the Conference of Canadian Clubs, held at Winnipeg. She says: "The discussions were good, the social functions most elaborate, and the people of Winnipeg are delightful." The visits to the hospitals of Winnipeg, Portage la Prairie, Moosejaw, Calgary and Banff were also a source of pleasure as well as profit.

Miss R. V. Roos, Gold Medalist of Class 1911, Berlin and Waterloo Hospital, has left for holidays before starting private duty in Berlin.

Miss De Bus, graduate of Berlin and Waterloo Hospital, has returned from Dr. Kelly's Hospital, Baltimore, where she has been the past year.

Miss Eva Borden, graduate of Berlin and Waterloo Hospital, has left for an extended holiday in the West.

We are pleased to welcome to our midst Miss Anastasia Detinger, graduate of St. Joseph's Hospital, London, Ont.

Miss E. P. McKinney, Calgary, Alta., is enjoying a well-earned rest visiting her brother at Kelowna, B.C.

Miss Black, who has been doing private work in Fernie, B.C., for the last two years, has gone to Vancouver to do private nursing.

Miss A. M. Andrews, who took the post-graduate course in School Nursing in Toronto in June, has returned to Fernie, B.C., after a pleasant holiday in Sarnia, Ont.

Miss Margaret Walker, graduate of Guelph General Hospital, has returned home from a three months' visit in Scotland.

Miss Mary A. Snively, the President of the Canadian National Association of Trained Nurses, is now on a visit to the Mother Country, and it is with pleasure that we note how young and bright she looks after a year's rest from official life. As Lady Superintendent of the General Hospital, Toronto, she initiated nursing organization in the Dominion, and has spared neither time or health in helping to build up the splendidly representative National Association of Canadian Nurses, of which she is President. In politics a great Imperialist, Miss Snively is very international in her professional sympathy, and fully intends to attend the International Meeting next year at Cologne. Nursing in Canada is making marvellous progress, and national and co-operative feeling is strongly developed amongst the graduate nurses. They are going to make a long, strong and united pull for State Registration at an early date.—*British Journal of Nursing.*

Miss McTavish, Lady Superintendent of the General Hospital, Prince Rupert, is visiting Mrs. Lumsden at Princeton, B.C. Mrs. Lumsden (née Miss Burgess) is a graduate of the Vancouver General Hospital.

Miss Day, graduate of the Western Hospital, Toronto, who has been doing private nursing in Vancouver, has gone to Burk's Falls, Ont.

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TORONTO, ONTARIO

Miss Woodward, graduate Yonkers Hospital, New York, has taken charge of the new hospital at Ladysmith, B.C. Miss Ford, graduate Guelph General Hospital, is her assistant.

Miss Beatrice Williams, graduate Lady Stanley Institute, Ottawa, has accepted a position in the Rockefeller Institute, New York.

Miss Snow, Registrar, spent the month of July in New Brunswick.

In July the nurses in training at St. Luke's Hospital, Ottawa, gave a picnic followed by a dance at Rockcliffe. A large number were present and all spent a pleasant evening.

The garden party given by the O. G. N. A. on the lawn at the Lady Stanley Institute in June was a decided success. Refreshments were served to a large number. The proceeds amounted to about a hundred dollars.

Miss Waddy, of Calgary, is at present doing private work in Fernie, B.C.

Mrs. Geo. Clode, who has had charge of the Michel Hospital, has gone to the Woman's Hospital, New York, to take a post-graduate course. During Mrs. Clode's absence Miss Pike will have charge.

Dr. Fred D. Weidman, Demonstrator in Pathology at the Woman's College of Philadelphia, Assistant Demonstrator in the Medical School of the University of Pennsylvania, and Assistant Pathologist to the Philadelphia Zoological Society, has been appointed as Lecturer in Pathology to the students in training at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.

Miss Alma Snipes, Supervising Nurse at the Georgia State Sanitarium, who had been sent by the State Institution to Philadelphia to take the courses in Massage, Medical and Orthopaedic Gymnastics and Hydro-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., after completing her courses and receiving her diploma, has returned to the Georgia State Sanitarium at Milledgeville to take up her new duties as Instructor in Massage, Gymnastics and Hydro-Therapy to the nurses in training at this institution.

Miss Anna M.-Barr, a graduate of the Women's and Children's Hospital, of Kansas City, Mo., and later Head Nurse of St. Luke's Hospital, Kansas City, who is also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been requested to teach the art of Massage to the nurses in training at the Kansas City General Hospital and St. Luke's Hospital, Kansas City, Mo.

Miss Naomi Magnuson, of Orion, Ill., a graduate of the Moline Public Hospital, and Miss Eunice Magnuson, of Orion, Ill., who are both graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., have been placed in charge of the Sanitarium Treatment Rooms at Fairbury, Ill.

Miss Annie F. Tidy, of Boston, Mass., a graduate of the New England Baptist Hospital and also of the Pennsylvania Orthopaedic Institute and School

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of Mechano-Therapy, Inc., Philadelphia, Pa., has been placed in charge of the mechanical department at the Methodist Episcopal Hospital, Brooklyn, N.Y., to succeed Miss Charlotte P. Moodie, a graduate of the Brookline Free Hospital for Women, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, who has been engaged as Head Nurse by the Pennsylvania Orthopaedic Institute, Inc., Philadelphia, Pa.

The Victorian Order of Nurses now has a staff of five in Vancouver, B.C., for whom a new home is being purchased—the Florence Nightingale Home. The citizens of Vancouver were asked, on Saturday, September 30th, to show their appreciation of the work of the Order by assisting in the purchase of this Home.

Miss G. Cowlin, graduate of St. Bartholomew's Hospital Training School for Nurses, London, England, has entered Teacher's College, Columbia University, New York, for the prescribed course of study in the Hospital Economics Course, under the direction of Professor M. Adelaide Nutting.

The usual monthly meeting of the Victoria Nurses' Club was held on Monday, September 4th, in the committee room. Nine new members were proposed. Dr. H. J. Wasson gave a most interesting lecture on "Infant Feeding." A vote of thanks was tendered the doctor for his enjoyable lecture, after which tea was served in the "tea room," bringing the very interesting meeting to a close.

The Training School for Nurses in connection with the Lady Grey Hospital, Ottawa, has formed an affiliation with Bellevue and Allied Hospitals, New York, so that pupils will receive nine months' instruction in general nursing.

The Anti-Tuberculosis Association, Ottawa, is considering plans for a Sanitarium for incipient cases of tuberculosis, in connection with the Lady Grey Hospital.

The graduation exercises in connection with the Training School for Nurses of the Toronto Hospital for Incurables were held on Tuesday, September 12th at three o'clock. Rev. Prof. Law conducted devotional exercises, after which Sir Mortimer Clark, who presided, called upon the Lady Superintendent, Miss Elizabeth Ross Greene, who gave her report for the year. Mr. Ambrose Kent, President of the Board of Management, then spoke, after which addresses were delivered by President Falconer of Toronto University and Dr. Charles Hastings, M.H.O.

The diplomas were then presented by Lady Mortimer Clarke, the ten graduates being Miss Margaret Shields, Shelburne; Miss Bertha Smith, Toronto; Miss Jane Johnston, Wyehwood; Mrs. Grace Jenkins, Wisborough Green, England; Miss Florence B. Batho, Plum City, Wis.; Miss Ethel May Roblin, Pictou; Miss Bessie Vogau, Rodney; Miss Viola Meinke, Berlin; Miss Lillian Berkeley Smith, Toronto, and Miss Mabel McCraney Smith, Toronto.

A number of special prizes were then presented. The gold medal for general proficiency, given by the President of the Board of Management, was awarded to Miss Bertha Smith, while the silver medal presented by Dr. Alex-

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FRED D. WEIDMAN, M.D. (Demonstr. Woman's
College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med.
Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D.
(Grad. Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute.)

MAX. J. WALTER (Univ. of Penna., Royal Univ-
Breslau, Germany, and Lecturer to St. Jos-
eph's, St. Mary's, Mount Sinai and W. Phila-
Hospital for Women, Cooper Hospital, etc.)
Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

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Sprains

ander Davidson on behalf of the Examining Board, went to Mrs. Grace Jenkins. The prize for neatness of room and person was presented by Mrs. R. B. Hamilton to Miss Margaret Shields, and that for practical nursing, given by the Lady Superintendent, was awarded to Miss Jane Johnston. The best paper from Class 1910 on Massage brought a prize to Miss Bertha Smith, presented by Mrs. Grant Macdonald, while the similar award for Class 1911 went to Miss Johnston. The prize for the best administratrix in Class 1910 went to Miss Bertha Smith, and that for Class 1911 to Miss Batho, and were both presented by Miss Dixon. Mrs. John Sloan also gave prizes to each of the graduates, the object being to encourage the true nursing spirit. The diplomas for first aid to the injured, awarded by the St. John's Ambulance Association, were presented by Dr. C. J. Copp.

At the close of the programme afternoon tea was served in the Board Room.

Treasurer's report of the Toronto Central Registry of Graduate Nurses, for August, 1911: Registry calls, 146; personal calls, 60; total, 206; cancelled, 2. Balance in savings account, \$1,113.61; balance in current account, \$284.25; on hand, \$5; fees received, \$175; disbursements, \$116.68; balance, \$1,461.68.

The Peterboro Nicholl's Hospital Alumnae Association held its eleventh annual meeting in the parlor of the Y. W. C. A. on the afternoon of October 4th. The officers for the coming year are:—

President—Miss F. Dixon, 501 Water St.

First Vice-President—Miss Brown, 298 Pearl Ave.

Second Vice-President—Miss Dockrill, 141 Rubidge St.

Secretary—Miss B. Mowry, Superintendent Queen Mary Hospital.

Treasurer—Miss E. Davidson, 563 Park St.

The Canadian Nurse Representative—Miss M. Ferguson, 476 Bonaccord St.

A delightful social hour was spent and a deepening interest in the live questions of the present was manifested.

Miss Beamish, late of the General Hospital, Atlantic City, succeeds Miss McGregor as Assistant Superintendent of the Nicholl's Hospital, Peterboro.

Miss Kilgour, late Assistant Superintendent of the Toronto General Hospital Training School for Nurses, is Superintendent of the Maryland General Hospital, Baltimore, Md.

Miss Jean Ferguson, graduate of Kingston General Hospital, has been appointed Night Supervisor of the Butterworth Hospital, Grand Rapids, Michigan.

The Graduate Nurses of Prince Albert, Sask., convened at the Nurses' Home of Victoria Hospital and organized a branch of the Provincial Association. The officers are: President, Mrs. D. W. Adams, graduate Winnipeg General Hospital; Secretary-Treasurer, Miss Grace Cordell, graduate London Hospital, London, Eng.; Corresponding Secretary, Miss Florence I. Campbell, graduate Hospital for Sick Children, Toronto, Superintendent Victoria Hospital, Prince Albert. The nurses of Saskatchewan are realizing the need for

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registration and are taking the first steps by becoming organized. We wish this new Association every success.

The Central Registry Committee held its regular monthly meeting at the office of the Registrar, 569 Bathurst Street, on Monday, October 2nd, at 3 p.m. The Registrar's report showed the total number of calls for September to be 214. The balance in the savings account is \$1,113.61 and in the current account \$327.39. Ten new members were accepted, making a total membership of 359. Since January 77 nurses have joined the Registry and 68 have resigned, some to be married, some to take hospital positions and some to do private nursing elsewhere. The question of raising the nurses' fees was discussed but was left for decision till the opinions of the different Alumnae Associations had been obtained.

Miss Strofton, graduate of St. Michael's Hospital, Toronto, has returned from a pleasant visit in Bluefield, West Virginia, and has gone to take a hospital position in Vancouver, B. C.

Miss C. C. Fraser, graduate of St. Michael's Hospital, has also gone to Vancouver, B. C., to take a hospital position.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the club rooms, Somerset Street, Monday, October 9th, at 3 o'clock. A large number were present.

Mr. Andrew Haydon, solicitor, gave a very interesting and instructive talk on the Incorporation of the Association.

The Registrar's report gave number of calls since April, 347. Membership 96.

Refreshments were served at the close of the meeting and a social hour enjoyed.

The Alumnae of St. Michael's Hospital had its first meeting of the season on Monday, October 9th. Miss Crosby was present and explained the Central Registry Extension Fund. Two new members were received. The Association voted \$5.00 to the fund being raised for Mrs. McEvoy, one of the first graduates of St. Thomas' Hospital, London, Eng., instituted by Florence Nightingale.

The Victoria Nurses' Club held their regular monthly meeting Monday, October 2nd, at 3 p.m. in the club room. Miss Clarke, President, was in the chair. Nineteen were present. One new member was admitted. Two sick members were voted \$25.00 each from the Sick Benefit Fund. Our new note-paper and envelopes were opened and checked. The paper is a blue-grey, with dark blue die "Victoria Nurses' Club" in the corner, and comes from England. After the business meeting, Dr. R. L. Fraser gave an interesting talk on his recent visit to the Mayo Brothers at Rochester. A social cup of tea was enjoyed at the close.

The first meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses for this year was held in the Nurses' Residence on Friday, October 6th, at 3.30 p.m. The President, Miss J. F.

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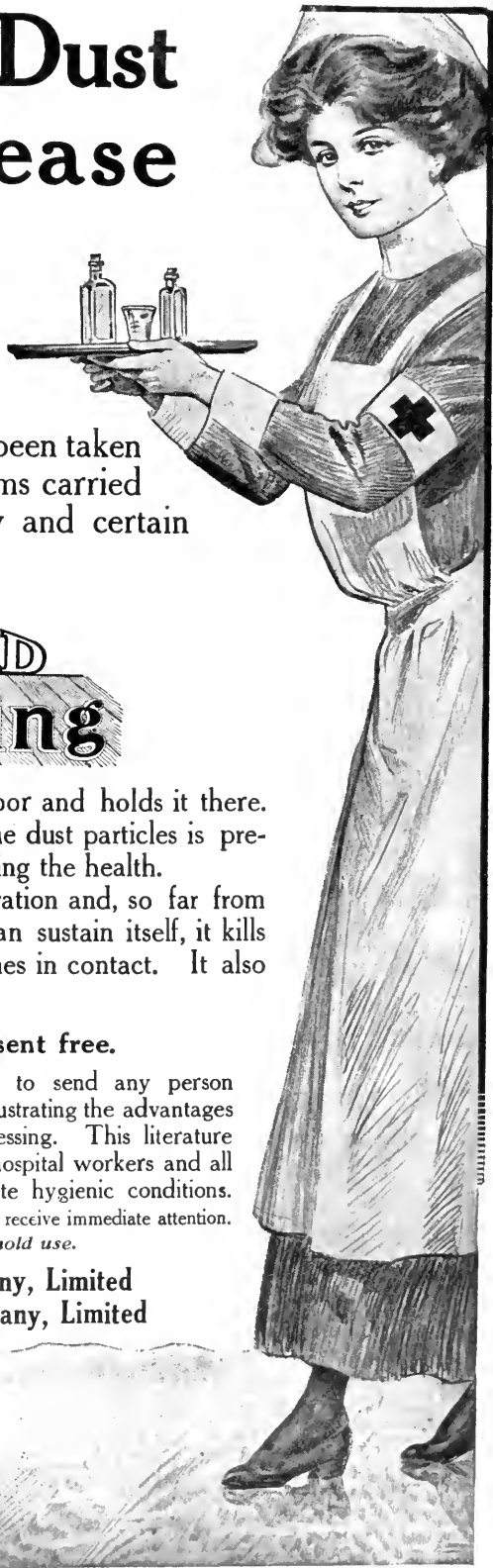
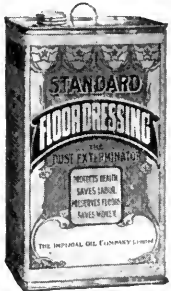
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Stewart, presided. After the disposal of business, the report of the Boston Convention was given by Miss Crosby, the delegate of the Association. The next meeting will be held on November 3rd.

Mrs. Annie M. Woodbury, R. N., a graduate of the Salem Hospital, Salem, Mass., and West End Infants' Hospital, Boston, Mass., and also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been placed in charge of the mechanical department at the Scarlet Oak Sanatorium of the Bethesda Hospital, Cincinnati, Ohio, to succeed Miss Carrie I. Farrington, a graduate of the Central Maine General Hospital and Women's Hospital, New York, and also of the Pennsylvania Orthopaedic Institute, who has purchased the Smith Sanatorium Treatment Rooms at Flint, Mich.

At the end of the summer courses in Mechano-Therapy the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.: Ella Hankinson, Union Grove, Wis., Trinity Hospital, Milwaukee, Wis.; Ella Stridde, Neenah, Wis., Trinity Hospital, Milwaukee, Wis.; Martha A. Rutherford, R.N., New York, N. Y., Manhattan State Hospital and Polyclinic Medical School and Hospital; Jessie B. Mathews, Jacksonville, Fla., Grady Hospital, Atlanta, Ga., St. Luke's Hospital, Jacksonville, Fla.; Mayme Kennison, Providence, R. I., Dr. King's Hospital, Portland, Me.; Naomi Magnuson, Orion, Ill., Moline Public Hospital Training School, Moline, Ill.; Eunice Magnuson, Orion, Ill.; Elizabeth I. Chapple, New York, N. Y., Dr. Stockton's Private Sanatorium, Buffalo, N. Y.; Catherine M. Lynch, New Haven, Conn.; A. F. Zimmerman, Hot Springs, Ark., U. S. Army Hospital Corps.

The second section of the fall classes opens on November 15th, 1911. The winter classes open on January 9th and March 12th, 1912.

MARRIED.

SKEAD—MANCHESTER.—At Ottawa, June 12th, 1911. Mr. Mac. Skead to Miss Helen Manchester, graduate St. Luke's Hospital, New York. Mr. and Mrs. Skead sailed for London, where they spent six weeks.

WADDELL—POTTS.—At Ottawa, in June, 1911, Mr. B. Waddell to Miss Jessie Potts. Miss Potts is a graduate of the Lady Stanley Institute, Ottawa.

VAUGHAN—PAUL.—At the First Baptist Church, Vancouver, B.C., on Thursday, September 14th, Miss Murdel Marks Vaughan, of Vancouver, to Dr. Norman Joseph Paul, of Hope, B.C. The ceremony was performed by the Rev. H. Francis Perry, in the presence of relatives and friends. Dr. and Mrs. Paul, after their wedding journey, are to reside at Hope, B.C. Mrs. Paul is a graduate of the Royal Jubilee Hospital, Victoria, B.C.

GRAY—CAMERON.—At Toronto, August 12th, 1911, Miss Flora Cameron, graduate Toronto General Hospital, to Mr. Gray, Sudbury, Ont.

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(Continued from Page 568)

The Refreshment Committee under the management of Mrs. Petrie and Miss Hills has added greatly to the enjoyment of the meetings by providing the social cup of coffee.

The Literary Committee has ably done its part by keeping our page in "The Canadian Nurse" well supplied with editorial and other items.

In December last a cordial invitation was received from the Alumnae Association of the Royal Victoria Hospital to meet Miss Crosby, of Toronto. Several graduates availed themselves of the pleasure and listened to a most able plea in the interests of "The Canadian Nurse." Here I would remind the ladies that this journal needs our co-operation and support and it is earnestly hoped that all who have not hitherto subscribed will do so.

A deputation consisting of Drs. Blackader and Hill was received in February from the Children's Memorial Hospital asking that its graduates be admitted as members of the Association. After due consideration it was decided to receive them as children's nurses only.

In May our Association was represented by Miss Phillips at the Convention of Superintendents of Training Schools for Nurses which was held at Niagara Falls, also at Annual Meeting of the Graduate Nurses' Association of Ontario.

During the year it was found necessary to propose a change in Article XI in the Constitution, of which due notice was sent to all members of the Association.

It is proposed to hold a Child Welfare Exhibition in this city in October, 1912, and through our affiliation with the Local Council of Women our Association has been asked to work on several committees. It is therefore hoped that we may have a hearty response when the call comes for workers in this most philanthropic undertaking.

The question of registration is constantly being brought before us, and we are reminded on every side that now is the time to protect our profession and raise our standard. We would therefore enlist all members to help in the struggle to obtain their R. N.

In November next Miss Crosby, of Toronto, has been invited to address the Association on this vital question, when it is hoped we shall have a large representative meeting.

The thanks of the C. N. A. are again due to the members of the Medico-Chirurgical Society for the gratuitous use of their rooms.

Also to Mrs. Bureh for her admirable management of our register and her kindly interest in the Association.

Our register now numbers 227 members. And if we can judge by the number of letters received from all parts of the world regarding information relative to graduates of various hospitals, we can readily see our Association is growing and being more widely known each year.

Respectfully submitted,

GEORGIE H. COLLEY,

Secretary C. N. A.



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THE patient needs a change. Possibly conditions are such that he does not readily respond to the treatment as he should. A new environment may awaken the necessary response. Here at the Battle Creek Sanitarium the patient comes in contact with a new world of ideas. He thinks he's a chronic. His mind is made up that he is practically "incurable." He comes here and meets people who were in a like condition, but who are now making decided progress on the road to recovery.

We would like to have you come here Doctor and see for yourself. If you will come we will not make any charge for you or your family for ordinary examinations, treatment and baths. We would like to have you know the Sanitarium as it is to-day. It is a practical scientific demonstration of what can be done by continued adherence to a principle. If you will read the Physician's Book entitled THE BATTLE CREEK SANITARIUM SYSTEM, (a copy of which will be sent to you upon request) you will see in the chapter on examinations, how the Sanitarium gets at the fundamental facts regarding the underlying causes of a patient's break-down.

Please tell us when we may expect you at the Sanitarium, and also tell us of any of your patients whom you would like to have consider coming to the Battle Creek Sanitarium. For convenience we would thank you for using the coupon in the corner of this announcement.

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THE NURSES' LIBRARY

Text-Book of Massage, by L. L. Despard, Member and Examiner Incorporated Society of Trained Masseuses. Very fully illustrated with anatomical drawings. 290 pages (1911), \$3.25. London: Oxford Medical Publications. Toronto: D. T. McAinsh & Co.

Miss Despard emphasizes the necessity of learning the practical work from a competent teacher. She has given the pupil, and, indeed, the graduate masseuse, a very complete and valuable treatise for study and reference. The "Foreword" describes the work as "a complete treatise going thoroughly into the requisite anatomical details as well as describing minutely the various forms of massage." "The physiological explanations of the functions of the body serve to explain how and in what way the manipulations of the masseuse prove beneficial. The enumeration of the various medical and surgical ailments in which massage has been found useful, and of the precautions to be adopted, and the manner in which it is to be applied in each case, is admirable and leaves nothing to be desired by one who is anxious to thoroughly master the subject and to practise the art intelligently."

The Principles and Practice of Bandaging, by Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen; Member of the Royal College of Surgeons, England; Professor of Orthopedic Surgery, University of Pennsylvania, etc. Third edition. \$1.00 net. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

The principles of bandaging are carefully explained and carefully prepared drawings make the appearance of a properly applied bandage familiar. "The right way is the best way" and it can be learned readily from this book.

A Teacher's Handbook of Moral Lessons, by A. J. Waldegrave. The National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England. 1/6 net.

The need for definite moral instruction is generally conceded. Just how to plan such study so that the most good will be accomplished is often difficult to decide. This handbook will prove of great assistance to the teacher and also the nurse teacher. Good suggestions clear the way. Some of the divisions deal with habits, manners, patriotism, justice, truthfulness, zeal, etc.

The Children's Book of Moral Lessons, by F. J. Gould. The National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England. Paper 6d, cloth 1s.

These lessons are intended for children from 10 to 14 years of age. "The highest end of home and school education is to mould the child's character as a moral being, and to attain this end we must discipline the child's natural good feeling by systematic lessons in the interpretation of personal and civic conduct." This book should be in the hands of mothers and teachers. Nurses will do well to acquaint themselves with it so as to be prepared to do the work that lies to their hand along this line.



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about Benger's Food
for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

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Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food: among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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KRESS & OWEN COMPANY
210 Fulton Street, NEW YORK

Mr. Eugene P. Sullivan, a graduate of the Gowanda State Hospital, Gowanda, N. Y., and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the male mechanical department at the sanatorium recently built by Mrs. Anna Gebhart, also a graduate of the Pennsylvania Orthopaedic Institute, at Dayton, Ohio.

Miss Maria T. Kevill, of Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been requested by the Pennsylvania Hospital for the Insane at Philadelphia to teach the art of massage to the nurses in training at the hospital.

The Health Visitor, published by the National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., England, gives in clear, concise form the functions, qualifications and training of health visitors and emphasizes their proper remuneration. Voluntary health visitors may act under the Medical Health Officer. A list of books of reference is given. Some interesting statistics "Where Health Visitors Are at Work" are given on the last pages of the pamphlet. Nurses interested in this work will find this pamphlet good reading. Price one penny.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS.

Canadian Militia.

Headquarters, 13th July, 1911.

To be a Nursing Sister (supernumerary): Miss Bessie Bell Fox. 7th April, 1911.

By command,

F. L. LESSARD,

Brigadier General, Adjutant General.

BIRTHS.

At 36 Jackes Ave., Toronto, on Friday, October 6th, to Mr. and Mrs. Mill Pellatt, a daughter. Mrs. Pellatt (née Bowerman) is a graduate of Toronto General Hospital.

CODY—At Toronto, on September 20th, to Mr. and Mrs. Cody, a son. Mrs. Cody (née Allen) is a graduate of Toronto Western Hospital, Class '07

The marriage is announced of Miss Ella Irene Shepard, graduate of the Hospital for Sick Children, Toronto, to Mr. Samuel Otis Turner, Vancouver, B.C., on August 2nd, 1911. Mr. and Mrs. Turner will be "At Home" 720 8th Ave. West, Vancouver, B.C., after October 1st.

PUBLISHER'S PAGE

Public playgrounds, whether open or under cover, have been eye-openers as to the value of scientifically directed play for children of all ages. The old idea was that a child instinctively used his muscles in the best possible way when playing his own crude games. It is now a recognized fact that the muscles develop better, the body stronger, the brain activity much keener, and control of the senses more quickly gained, when children's play is directed. It was an error to drop play supervision as soon as a child was promoted from kindergarten schools and to resume training only for those inclined to athletics.

But, however excellent systematic body-training a child has, and although he gets fresh air to breathe by night and day, the "adequate food" supply remains a stern necessity. Just so much of each kind of body-fuel is required to sustain normal health. Lime, phosphates and fat elements are those needed in the majority of all cases of malnutrition in children. SCOTT'S EMULSION combines these natural foods in the purest and most assimilable form. Too much valuable time is lost waiting for ordinary nourishment to correct rickets, build bones and teeth and feed flabby tissues. The Emulsion is more necessary than physical exercise, but when both these prescriptions are given to any child, rapid invigoration is sure to result.

The value of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument.

Convective heat is particularly applicable in cases where radiant heat is not indicated, and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the Bloodless Phlebotomist along with an interesting paper by Dr. David MacIntyre, a Cunard surgeon, upon "Drugs at Sea."

In the same issue of the Phlebotomist, Dr. Edward Parrish, of Brooklyn, presents his methods of treating Tic Douloureux, and Dr. Leverett, of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle as Tic Douloureux.

It is worth while to write to The Denver Chemical Mfg. Co., New York, for a copy of the Bloodless Phlebotomist for October.

And now the little army of young humanity, after the long vacation, trips back to school to commence the long period of mental and bodily stress and strain inseparable from indoor confinement and long hours of work and study.

If the young pupil is fortified by the toning and building up of blood and tissue, the prevalent school infections—measles, scarlet fever, and diphtheria—are much more likely to pass them by. Pepto-Mangan (Gude) is especially indicated as a blood tonic and general reconstituent for children, as it is palatable, easily taken, free from disturbing effect upon the digestion, and devoid of constipating action. It can be taken for any length of time without danger of injury to the stomach, and its effect is soon noticeable in increased appetite, improved color, better spirits and increased weight.

Each return of the season in
which these affections prevail
witnesses an increased reliance
on the part of physicians on

GLYCO-HEROIN (Smith)

IN

Asthma
Bronchitis
Cough
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Etc.

Glyco-Heroin (Smith) has always been distinguished for the exceptional promptness with which it relieves respiratory distress, promotes bronchial and pulmonary passages.

DOSE—The adult dose of **GLYCO-HEROIN** (Smith) is one teaspoonful repeated every two hours or at longer intervals as the case may require. Children of ten or more years, from a quarter to a half teaspoonful. Children of three years or more, five to ten drops.

MARTIN H. SMITH COMPANY
NEW YORK - - - U.S.A.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VII.

TORONTO, DECEMBER, 1911

No. 12

ADDRESS.*

The history of hospitals and their methods of dealing with their sick, from the earliest dawning of medical science up to the present time, would indeed make interesting matter for pen, skilled to portraying so wonderful a picture. The hundreds and hundreds of institutions that sprang up through the eager centuries of activity stand out boldly on the glorious canvas of the past and give silent evidence of the noble, heroic work of countless armies of men and women who soothed and comforted the sick and the dying through years of storm and stress.

We are living in an age of progress. Everywhere flashes the light of human intelligence. Everywhere glows the "Excelsior" banner urging man upward and onward to the highest pinnacles, and nowhere is this development so much in evidence as in our hospitals. Compare the hospitals of to-day with those of several hundred years ago and what a difference! The development of bacteriology has been instrumental in the saving of millions of lives and bringing our hospitals as near to perfection as possible in the treatment of disease. The spirit of Hippocrates and Florence Nightingale is still abroad calling for the best in the land to consecrate their lives to the godliest and most humanitarian of all causes—that of soothing the cries of agony and distress of life's valleys of pain. I once heard a famous physician remark: "Were anyone to ask what to me seem the greatest epoch marking boons to humanity in the past century I would allot chloroform, antisepsis and the trained nurse the place of distinction." They have truly been a blessing to humanity. The race of mankind would perish did they cease to aid each other. From the time that the mother smiles upon her new-born, till the moment that some kind assistant wipes the death-damp from the brow of the dying we cannot exist without mutual help. All, therefore, that need aid have a right to ask it of their fellow-mortals. No one who holds the power of granting can refuse it without guilt.

The modern trained nurse, as we know, is a product of the last century—the follower of Florence Nightingale, one of the queenliest women who ever lived, patron-saint of the nurses and founder and heroine of hospital nursing as it now exists.

The struggle of the graduate nurse was at first a difficult and most trying one. "It was a long while indeed," writes one, "before even the medical profession as a body regarded her with favor. But after physicians had once

*To the graduating class of 1911 of Berlin and Waterloo Hospital Training School for Nurses by Dr. Fischer, of Waterloo.

begun to realize that with trained nurses it was possible to have their orders intelligently carried out, that chaos and dirt gave way to cleanliness, that the percentage of deaths decreased and recoveries increased, they finally accorded to the trained nurse her professional recognition." And then, there was the struggle with the public. I mention this only to say that a strong prejudice existed in the lay mind against the woman who gave three years of her life to take care of the sick in a hospital and instruct herself in the art of nursing. The prevailing class of attendants upon the sick "had accustomed the public to regard paid nurses as self-seeking menials engaged in something far lower than domestic work, whose only object was to benefit by others' misfortunes at the least expenditure of care and trouble on their part." The times have changed much since then. To-day happily the trained nurse has become a power in the community. She is recognized as belonging to a profession having for its object the care of the sick, her willing hand assisting not competing with the physician and the surgeon. The general public has recognized the importance of the trained nurse in the management of typhoid fever, pneumonia, the infectious exanthemata and other diseases. And then her place in the operating room. Here the acme of her usefulness is reached. The painstaking surgeon cannot do without her services. She really becomes as it were his second-self—the light-hearted creature of willingness. On the battlefield, too, the nurse has taught the mighty world an object lesson of pluck and obedience to the call of duty. It remained for Kipling—the virile poet of Empire—to immortalize the dutiful band of Red Cross nurses who sacrificed their lives on the bleak battlefields of the Boer war. In his book, "The Five Nations," appears a tender heart song in which he extols the greatness and the heroism of these dauntless souls.

"When the days were torment and the nights were clouded terror,
When the powers of darkness had dominion on our soul,
When we fled consuming through the Seven Hells of fever,
These put out their hands to us and healed and made us whole."

The world is brighter for the coming and passing of such lives. The profession of nursing daily sacrifices innocent victims on the altars of duty, but the cold world sets no price on their heroism, their love and devotion.

The profession which you are about to enter bears a noble history. It welcomes to its ranks only those who are mentally fit to discharge the high and onerous duties of the calling, at last you have come to the end of your journey. For three young years you have plodded patiently on—from the first anxious day on which, as a novice, you entered the hospital—that world of sorrow and suffering which you had previously visited often only in your dreams. You have been well instructed and I congratulate you sincerely on having distinguished yourselves so eminently in your examinations. On behalf of the profession I beg to thank you in a special manner for your noble, self-sacrificing efforts while on duty to alleviate the distress and suffering of our patients, for your many acts of kindness to us and to them and for your generous sympathy always so freely given. I also wish to commend

your unswerving loyalty to your Alma Mater and to the Lady Superintendent who has given ungrudgingly of her time and her talents to further your interests. I wish you good luck and God speed!

The hospital you are about to leave has been your workshop, filled with busy cares and responsibilities. The tools in the chest of your mental endowments have been sharpened by careful study and strict discipline—and now an eager, welcoming world expects something in return. The goal of your ambitions have been reached and your fondest hopes have been realized. In the past, many trials, great and small, have loomed up and clouded your brightest horizon. All has not been sunshine and flowers. Your path has often been filled with bitter weeds. The road wound up hill all the way—yes, to the very end. But the steady heart has won out at last—and yours has been the victory.

What can I say to you in the presence of your well-wishing friends who have come to honor you on this happy night of nights that witnesses the crowning of your careers? Live up to the high ideals of your Alma Mater and your life as a nurse cannot be a failure, and always remember Weir Mitchell's dictum—"that to be a good nurse, it is first necessary to be a good woman." Your early home training has been efficient. It will stand you in good stead now. True gifts of the heart far outshine gifts of the mind in the sick room. Your patients will care little whether you are able to translate Cicero or Homer or ready to discuss and criticize freely the men and women in Shakespeare's plays. They will look to you for strict devotion to duty, for little deeds of kindness and mercy, for alleviation of their suffering, for tidiness about the sufferer's couch and for pleasant rays of cheerfulness that rob disease of half its misery. A nurse who cannot handle a broom or dust-pan properly should never be permitted to handle a thermometer. That broom had just as much to do with the development of her career as the knowledge and use of that more delicate instrument which records temperature. "The college graduate," writes a superintendent of many years' experience, "who has never worked with her hands is just as undesirable in one sense, as would be the applicant who has never had an opportunity for developing her mental powers, and has labored all her days with her hands—the one has what the other lacks—but both are one-sided." She who would be a success as a nurse needs the combined qualities of a trained mind and capable hands and body. Perfect physical health, an educated mind, a staunch, noble character, good manners, cheerfulness, humility, gentleness, patience, tact and warm sympathy—all these are the necessary attributes which will enhance your personality and gain for you lasting friendships from among those to whom you will minister. Be solicitous concerning your health! It is one of the precious and great assets of life. What comfort can you give if you yourselves are sick in body? The strain of endless sick-bed watches, if you are not well, will soon undermine your constitution and pave the way for disease that may ruin forever your lives.

Culture has followed you from your home. It is something that has stolen into you through home associations. Without it you would be shallow, commonplace; with it you will be deep, bright with the color of a strong

personality. Be courteous at all times! If you will only study nature you cannot help being so. "I do not see any greed in nature," writes Bliss Carman. "I do not find any creature fighting for more than it actually needs at the moment. I find in the world of green, unflinching possibility, abiding patience and a courtesy that is too large, too sure for the cruelty and greed of man." To be ready for the great crisis of life you must learn serenity in your daily work. Remember always that calmness is the crown of self-control. The first stepping stone to success will be your ability to overcome yourself. No matter what storms be brewing within, let your face ever wear a tranquil look in the presence of your patient, who may be in the terrible throes of a life-struggle, a look of sorrow, regret, anxiety, alarm or surprise may undo in a moment that which it has taken days and weeks to accomplish. Carry the gospel of hope and good cheer into every sick room. It will be a tonic to the unfortunate one thirsting for health, and will nerve him on for the brave battle which he is fighting. Let your coming always be the advent of the day—rosy with promise and thrilling with life.

" 'Tis easy to smile when the sun shines too,
And the sky is a field of blue;
But give me your smile when the sun is gone
And the sky is of leaden hue.

'Tis easy to smile when the birds sing cheer
And you hark to the rippling rill;
But give me your smile when the waters sigh
And the songs of the birds are still."

Your eye should also be well-trained. It should convey confidence, trust, love and sympathy. Furthermore it should always hold its secret in the patient's presence. When you meet your patients let your hearts go out to them. "The spirit that wins," writes one, "is the spirit that says—here is my place, here is where I am needed. I am not here to be ministered unto but to minister. These people have hearts and I will win them and what I win I freely give in return. I take my place in their life and shall try to make them glad that I am here." A frozen heart is precisely on a par with a frozen potato and one is worth just about as much as the other even when thawed out.

Let your tongue be guarded. A silent tongue is better than a glass house. Your knowledge of a patient's whims, eccentricities, remarks, etc., should die a sudden death in the sick-chamber. Furthermore, do not allow an exaggerated professionalism to destroy your usefulness. Also guard against a narrow view of life. Your vision should not be hampered by the four walls of a sick room. Your soul should walk out into the open and expand in a newness of feeling that gives you a larger view of seeming inequalities. The true nurse, just as the sculptor loves his chisel and marble, nurses for the sake of nursing; she loses sight of the money that falls to her lot. She loves her day's work and takes a pleasure in soothing life's many hurts and calm-

ing tired hearts. Do not let your life work consist in building towers of gold that delight but miserly hearts—otherwise your mission for doing good will be handicapped. The poet speaks truly in his lines:—

—“Work thou for pleasure; paint or sing or carve
The things thou lovest, though the body starve.
Who works for glory misses oft the goal;
Who works for money coins his very soul;
Work for the work's sake then and it may be
That these things shall be added unto thee.”

Your work is a ministry. It is a consecration of your life to something that touches the very pulseblood of humanity. The Master, who made much of sickness and sorrow, should be your model in every action. He comes very near to the nurse, when in the very presence of death she stands by while life withers away in the dying, prostrate form of some unfortunate. Writing of such occasions a nurse remarks:—“The day fades into night; the night-watch has begun, and, toiling through the night until the morning breaks, we find our watch has been with one, who silently and alone has gone out from here to—There, often with a smile lighting up the countenance. We realize that the Master has been aboard and taken one of our sweetest flowers to plant in His garden. Again, the scene changes and we stand at the bedside of one who is cursing his Maker. What an object lesson!” One cannot divorce religion from nursing. The nurse who fails to carry this spirit into her work misses the pearl of greatest value to be found in it.

And now a parting word. Very soon you will be ready to begin life's struggle. The world is anxious to embrace you, and, as you stand waiting on its threshold, we pray that Providence will sunbeam your future with success, and the happiness which always follows duty nobly done. Up from the streets steal the cries of agony and pain and thither you must go, regardless of self and station. You will miss the quiet serenity of your hospital home. The world you are about to enter is noisier than the one you are leaving but you will soon become accustomed to its constant humdrum song. Many new hardships and difficulties will come upon you when least expected but courage and strength will gird you in action. Your night-watches may be tiresome and lonely, your patients may be ungrateful and unreasonable and little trials may crop up frequently to stir the busy heart. but if the love for your profession is great, if you really cherish the high ideals of your calling, you will not murmur but will find in the honest discharge of your duties a compensation which gold cannot buy.

I hope that the words of an obscure poet may one day be applied in acknowledgment of the work of each of you when the profession no longer claims you as white-capped angels of mercy and someone in this wide world has found a home that will never be home without you:—

Thou hast bravely done thy part.
Noble mind and tender heart.

Sown that other hands might reap,
Watched that other eyes may sleep,
And whatever cares oppressed,
Toiled that others might have rest;
Sorrow bore a passport free
To thy ready charity;
Angels have recorded true
Kindly deeds no mortal knew.

THE "SHALL BE" NURSE.

The young woman who is about to leave home, perhaps for the first time, involuntarily glances back over the years that have rippled past, almost invisibly glided by, without one warning note of what the future will demand of her—she briefly reviews the gleeful days of childhood, the careless, happy schooldays, which perhaps ended in a brief season of social pleasures, and then to the commanding call of the struggle for existence she needs must listen, and in that moment awakens to a sense of the realities of life, dons her armor and strikes out for herself from shore, leaving behind her the sunny banks upon which she, many times, in her childhood dreams, built "castles in the air," all oblivious then of the great sea of life upon which she is now about to launch. It may be that her bark will drift if she be too weak to guide it, or that she may fail in determining a definite aim, the seas may be too rough for her gentle nature to combat, or the goal, once obtained, may be a disappointment in its reality. However, the journey, be it stormy or calm, her days for dreaming are over, and the great world, with its motley moving throng awaits her.

Nevertheless, in spite of all these adverse possibilities, there remains the assurance of many recompensing probabilities for one who is earnest and sincere. She who in her home was taught to recognize the principles of truth and uprightness, of kindness, diligence and cheer, starts on her journey well equipped. A pleasing personality is the expression of all that is embodied, natural or acquired, and this, associated with a good physique and well-poised mind, should be sufficient to bridge many difficulties along life's pathway. The "sphere of nursing" is surely a difficult one, and from its depths emerge many a stronger one than went in. Until we come up from some great baptism of trials, we are never our truer and better selves. It is better to be broken in the testing than not tested at all, for it is thus that the standard is attained. The courageous woman, decisive and fearless, enters the pathway to this field abloom with great possibilities.

For a time at first she may be sensitive to only the thorns, but as time advances, with the healing of these wounds, will be wafted to her senses the fragrance of the flowers she has already planted. At times the clouds will seem to hang dark and heavy, as if the sun might never shine again; a little while and then the clouds which have been festooning the horizon of her sky gradually change to silver fringes and rainbows. Thus the days drift on, and she all the while becoming unconsciously moulded and strengthened. "The woman's realm"—for to woman alone naturally belongs the tender care of the sick and helpless. Were it not so, her frail nature would long since have be-

come inundated by the waves of responsibilities, disappointments and hardships. Naturally she plods on with her mind and heart focussed upon the beacon light which promises that for which her woman soul is striving—the alleviation of pain and suffering.

The selection of the school wherein the would-be nurse is to receive her training is one of the important preliminaries, as much depends upon the selection; then follows the formal application and appointment, which ushers her into that "Holy of Holies," wherein to her mind none but the very fortunate may enter. During her first two or three months as probationer, she has many disconsolate moments, but consoles herself occasionally with the prospect of the approaching day, when she will don the coveted uniform. Innocently, she believes that thereafter her horizon will reflect nothing but sunshine—alas, the road is long and its perspective deceiving; the silver lining in its entirety is not yet, although an occasional ray of hope makes its way through the intricacies of doubt and despair, which at moments seem too much for her.

Thus the years pass by, and finally the day of all days arrives—"Graduation." How much is summed up in that one word! To her it seems to be the golden key to the treasure house of all her hopes and ambitions.

That day of all days she looks her prettiest—like the heroine in the novel who, on her wedding day, "never looked more beautiful!" The stimulus of the occasion is sufficient unto a day of happiness for her. She wears her best-laundered uniform, gives a few extra touches to the arrangement of her hair, one last sidelong glance into her mirror, and then, as if she were leaving a world behind, advances in response to her name, and receives what is hers by right of unparalleled effort. Just what her diploma promises to her remains an unknown quantity, which can only be estimated by daily experience.

MARY A. CATTON,

Superintendent Lady Stanley Institute Training School of the Protestant Hospital, Ottawa.

Gleanings

BISMUTH GAUZE IN PLACE OF IODOFORM.

Dr. Wiener, of New York, writing in the International Hospital Record, advocates the use of bismuth gauze as a substitute for iodoform. It is prepared in the following way. Take two ounces of bismuth subnitrate, two ounces of glycerin and one quart of water. The bismuth and glycerin are very thoroughly mixed, warm water is gradually added, and the mixture is continually stirred so as to make a fine emulsion. A portion containing about twenty-one yards of gauze is passed slowly through the emulsion three times so that it becomes thoroughly soaked, and is then wrung out. After the gauze is dried it is cut into strips of desired size, loosely packed, and sterilized by steam at seven or eight pounds' pressure for thirty minutes. The above strength has proved sufficient for the purposes: it could be considerably increased without harmful effects should the occasion warrant it. The gauze so prepared is snowy white in color, odorless, soft and smooth. There are no grains of powder microscopically visible on it. From plain unmedicated gauze it differs only in its intense white color and in being

smoother and softer to the touch. From iodoform gauze it differs in being odorless, absolutely non-toxic in the quantity used in any one case, much softer, less irritating and less expensive. (Bismuth subnitrate is from 30 to 40 per cent. cheaper than iodoform.) Finally, it is far more efficient in its action. Dr. Wiener has used it in a great many cases, and has found that after incomplete abortions, curettages, plastic operations on the cervix and vagina, and aseptic vaginal coeliotomies, it can be left in the vagina for a week, if desirable, and on removal it is still perfectly sweet and odorless, unless there is infection present. For these reasons he believes it ought to supplant iodoform.

A specimen which has been submitted to us by Burroughs, Wellecome and Company bears out all that has been said of its utility and compactness. Prepared in widths of one, two or three inches, it compresses into quite small packets of one-yard rolls, carefully sterilized and surrounded by varnished serum-proof covers.—The Nursing Times.

A CEMENT THAT STICKS.

The following cement is said to stick on anything: Take of clear gum arabic two ounces, of fine starch one and one-half ounces and of white sugar half an ounce. Reduce the gum arabic to powder and dissolve it in as much water as a laundress would use to render one and one-half ounces of starch fit for use. Dissolve the starch and sugar in the gum solution. Then place the mixture in a vessel and plunge the vessel itself in boiling water and let it remain there until the starch becomes clear. The cement should be as thick as tar, and remain so. It can be kept from spoiling by dropping in a lump of gum camphor or a little oil of cloves or sassafras. This cement is said to be very strong, indeed, and will cause glazed surfaces to adhere perfectly. It is useful for repairing specimens of rocks, minerals or fossils that may have been accidentally broken.—Indianapolis Med. Jour.

TO REMOVE PLASTER BANDAGES.

A very simple and easy method of removing plaster bandages requires only a little vinegar and a simple knife, even a pocket knife will do. The future line of section of the plaster should be wetted with a sponge soaked in vinegar. After a minute the softened dressing may be cut at this place without the least difficulty or any discomfort to the patient. This makes it possible to remove in one and one-half minutes a plaster dressing composed of eighty turns of the bandage and sufficient to hold a fracture of the thigh.—La Garde-Malade Hospitaliere.

Gasoline is the best solvent for the face of surgeon's adhesive plaster. The liquid should be freely applied with a wad of cotton. The plaster may then be removed without violence or depilation. So effectual is the solvent that the surgeon will not care whether the cementing material does or does not come away with the cloth. It is merely a matter of a few wads of cotton more or less.—The Dietetic and Hygienic Gazette.

THE NURSE.

The nurse she leads a happy life,
With rare forethought her acts are rife;
She "has to taste" my fruit and wine;
I would the nurse's life were mine.

While I lie tossing on my bed
With weary limbs and aching head,
She follows out, with visage grave,
The orders that the doctor gave.

I try to tell her of my ills,
But she just brings me draughts and pills,
Which fill me with a greater woe
Than that which I already know.

When I, protesting, lift my voice,
She tells me that she "has no choice,
Those are the orders that she took"—
And shows them written in a book.

Then, when this little song she's sung,
Beneath my most unwilling tongue
An old thermometer she pokes:
My wailings are to her but jokes.

She makes me lie just so, in bed,
And says, "Don't swear, 'twill hurt your head,"
But gives of sympathy no sign—
I would the nurse's life were mine!

The doctor calls—he's gay and young—
He takes my pulse, and views my tongue.
Then steps outside, so does the nurse:
I then feel sure I must be worse.

When she returns, I mildly say:
"Nurse, why were you so long away?"
Her answer is an echoing mock:
"The doctor says you mustn't talk!"

And every afternoon at three,
No matter how it fares with me,
In stunning hat and gorgeous gown,
She makes excuse to "go down town."

All sad and lonely there I lie
 With none to weep though I should die,
 While she (the minx) a gadding goes,
 And eats ice cream, or flirts, who knows?

I've sometimes wished to wear a crown
 And see a grovelling world bow down;
 But when I long for the DIVINE,
 I would the nurse's life were mine!

—GEORGE F. SIMPSON, M.D.

CORRESPONDENCE.

Miss Ella Baker, Telegraph Creek, B. C., writes to wish "The Canadian Nurse" every success and encloses \$4 for the Canadian Nurse Fund with the renewal of her subscription. We are grateful to Miss Baker for her good wishes expressed in such a substantial way.

QUESTION BOX.

1. What should be temperature of vaginal douche to control uterine hemorrhage?
2. What should nurse do in perforation in typhoid fever and what in hemorrhage?
3. How should nurse collect and send away to a doctor specimen of sputum?
4. What is difference between contagious and infectious disease?
Give example of each.
5. What is measles? What constitutes proper nursing care of measles?
6. Should measles be strictly isolated?
7. Should nurse go home to sleep?
8. What is distinguishing symptom between epilepsy and hysteria?
9. What is usual diet in acute gastritis, and what general diet in disease of the heart?

INQUIRER.

At the October meeting of the Matrons' Council of Great Britain and Ireland a letter to *The British Journal of Nursing* was read asking the Council in how many hospitals it is the rule to teach probationers the A.B.C. facts respecting venereal disease before sending them into the wards. Some members said that they gave definite instructions on the subject in their classes when speaking of infectious diseases, and others that, in the event of a patient suffering from a contagious disease of this kind being admitted to a ward, the sister would give the necessary instructions to the probationers.

It was agreed that a lady doctor should be invited to address the next meeting of the Council on the subject, and that the Matrons' Council should formulate a scheme of instruction for probationers.

This is a step in the right direction.

THE SCHOOL NURSE.

Regina is taking steps to establish an eye, ear, nose and throat free outpatient department in connection with the General Hospital, for the benefit of public school children whose parents cannot afford the proper treatment. The Board of Governors of the hospital has the matter in hand and it is expected that arrangements will soon be complete.

The Toronto staff of school nurses has been increased to nineteen. The two last appointed were Miss Laura M. Thompson, graduate St. John's Hospital, Brooklyn, N. Y., and Miss A. Mary Roberts, graduate Toronto General Hospital.

The Canadian Public School Nurses' Association held its regular meeting at the Brown Betty, 42 King Street East, Toronto, on November 6. Plans for the winter's work were discussed, after which a social hour was enjoyed.

Dentists will tell you that an absolutely clean tooth cannot decay. If this be true, and there is no reason to doubt it, why not keep the teeth "absolutely clean" and save tooth-aches and dentist bills?—*Bulletin Chicago School of Sanitary Instruction.*

The Chronicle, Vancouver, B. C., of October 20 contains an article by Ruth Judge, Secretary of the Vancouver Graduate Nurses' Association, on State Registration of Nurses, which sets forth clearly the benefits of registration. The trained nurse will be distinguished from the partially trained or untrained, thus protecting not only the medical and nursing professions but the public. The training of nurses will be broadened and systematized. "Set a good standard, make a good training worth while, and the difficulty of getting the right probationers will be met half way."

Miss Judge speaks thus of the proposed Bill for British Columbia:

"The Bill is a very fair one. A good standard of nursing is set for those who wish to become R. N.'s. Examinations will be held by a Board, consisting of two doctors and four nurses, and the Board will have also power to revoke or suspend a R. N. certificate if a nurse has proved herself incompetent. Any graduate coming into the Province may practise while waiting to get her R. N., and the untrained may carry on their work, with the one reservation that they may not affix the letters R. N. after their name.

"Other professions set their standard in British Columbia. Doctors, lawyers, surveyors, and there seems no reason why one, like those just mentioned, which cannot be dispensed with, should not have theirs also. Does the opposition, after all, resolve itself into the eternal sex question—because we are women we should not have State recognition?

"It has also been said that if registration is passed a woman will not be allowed to nurse her own mother. This is absolutely absurd, if one considers the subject at all. As well try to make it illegal for a mother to wash her own child's face."

Justice to the graduate nurse who has worked for three years to gain her diploma is a plea for State recognition.



This is the picture on the Calendar published this year by The Graduate Nurses' Association of Ontario. The funds are for Registration Work. The Calendars are 25c. each and may be obtained from the Editor, 41 Rose Avenue, Toronto.

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Editorial

STATE REGISTRATION.

The very excellent system of voluntary registration of nurses in Australia is emphasized by *The Australian Nurses' Journal* which, while deploring the delay in securing State registration, speaks thus:

"Not that this delay is greatly to be deplored, for the present system under which training schools are controlled and nurses registered leaves nothing to be desired as regards supplying the demands for thoroughly trained and efficient nurses. It is not too much to say—not only on our own judgment, but on those who have visited here from other lands—that the present body of nurses in the Commonwealth compare more than favorably with those in other parts of the world as regards thorough and practical knowledge of their work in all branches. Rare is it now to meet a nurse who is not a member of the A.T.N.A., and rarer still to find a nurse who has not a good, common-sense knowledge of nursing. So with the present condition of the nursing profession we can calmly view the slow and uncertain progress towards State registration in the various States, but it behoves each Branch of the Association to keep a watchful eye on all proposed Bills to see that such measures in no way lower the present standard of nursing demanded by the A.T.N.A. and existing among its nurses."

The Isla Stewart Oration is to take place in the Council Chamber of the Guild Hall, London. The oration—"Isla Stewart, Her Life and Influence on the Nursing Profession"—will be delivered by Miss Cox-Davies, President of the League of St. Bartholomew's Hospital Nurses. It is fitting that the Corporation of the City of London should grant the use of its Council Chamber for the honoring of Miss Isla Stewart, who, as the Matron of St. Bartholomew's Hospital, devoted twenty-three years of her life to the care of the sick of the city. —*British Journal of Nursing*.

Sara E. Parsons, R. N., Superintendent of Nurses, Massachusetts General Hospital, Boston, tells, in *The American Journal of Nursing* for September, of a new method of better fitting nurses to cope with the difficulties that confront them in private practice. The idea was suggested by the use of the case method of teaching nurses used by Dr. George S. C. Badger. "Twice a week he takes a group of nurses to the wards and divides them among the patients whom he has previously selected as subjects. Without reference to the clinical charts the nurses are expected to note all the objective symptoms of disease, to feel the pulse and to be ready to tell Dr. Badger what they have seen. He quizzes them as to the possible significance of their observations and later gives them a lecture on the cases thus studied. These clinics are a most interesting, stimulating part of the curriculum.

"Another adaptation of the case method was suggested to me one day when talking with Miss Ida Cannon of the Social Service Department. She was speaking of its use in law, medicine and social training. I determined to get material as soon as possible and try it out on my seniors as a preparation for private duty nursing. The care of the patient is not the problem that confronts the well-prepared nurse in private practice. What puzzles and sometimes confounds her is the attending circumstances with which she must cope, and these are of such diversity that the ordinary hospital instruction is quite an inadequate preparation. Indeed, one actually hesitates to tell the innocent pupil the problems that may confront her and thus possibly frighten her or make too conspicuous certain phases of nursing life. The interest manifested by the class in these lessons and their real value leads me to tell of the experiment.

"Several nurses who have had considerable experience in private work were kind enough to furnish me with descriptions of a number of situations in which they found themselves that involved some problems either professional, financial or moral. They would also state how they dealt with the situation and what was to be learned from it. At class I would read a few of these cases to the nurses, who would write them down. They were instructed to consider them during the following week, and certain nurses were told to come to the next recitation prepared to discuss them. The next week these members of the class told how they would deal with such situations, and an open discussion would follow. The instructor ended the discussion by demonstrating why certain suggestions were fallacious or unethical and why others were worthy of commendation. The cases brought out the unexpected professional difficulties as well as the moral aspect of many of the unusual situations in which nurses may be placed."

These cases among others were presented:

"What would you do if called on a case as second nurse and found a nurse already on the case who you knew had been dismissed from a training school for the offence of stealing?"

"If you had been caring for a male patient in his own home and the doctor advised him to go to some resort for convalescence, and it was not convenient for the patient's wife, mother or sister to accompany you and the patient, what would you do?"

"If called to a woman who had an incurable cancer, unable to be moved from her bed, a question of only a few weeks before she must die, the patient dependent entirely upon her two sons, ordinary laboring men, for support, reserve funds exhausted by long illness, doctors' and nurses' bills, patient's room and bed in a filthy condition and alive with vermin, what would you do?"

The result of these lessons was to impress me very keenly with the great need of them. Most of the class were wholly unprepared for the ethical solutions of the different situations, although they had had an excellent course of lectures on private nursing.

This seems a most practical solution of the problem "How better to prepare the nurse for private work," and comes from a hospital that is foremost in progressive work.

A new Department of Nursing was inaugurated on November 15 in Toronto by the Metropolitan Life Insurance Company of New York. Two nurses, Miss Lindsay, graduate Toronto General Hospital; Miss Kirke, graduate of New York, have been engaged to do visiting nursing among the company's industrial policyholders in Toronto. Continuous nursing may sometimes be necessary and for this the company will employ other nurses. This work is undertaken, not as a philanthropy but as a business, a part of the day's work the company has appointed for itself, and covers a wide area, as the following from *The Intelligencer* shows:

In June, 1909, the Nursing Service received its first trial in a portion of New York City. Two months later the field comprised New York, Baltimore and Washington. In September, 1909, Chicago, Cleveland, St. Louis and Boston were added. In the early part of 1910, Montreal, Worcester, Lowell, Trenton, Harrisburg, Buffalo and Cincinnati were organized. During the remainder of 1910, sixty-six other cities were added to the list, so that at the end of last year ninety cities were being covered.

The company is extending the Nursing System to cover the entire country. When fully established it is estimated that the cost will be \$500,000 a year. "We cannot yet tell," Vice-President Fiske says, "whether, as a matter of economy, the system will or will not pay. Some curious facts have been observed. For instance, more than once we have taken two cities of about the same size and industrial conditions, and found that the death rate experienced by the company in the city in which we had a Nursing Service had decreased very much more than it had in the same period of time in the other city, where we have no Nursing Service. Of course, it is not claimed that this comparison is any conclusive evidence, and yet it would be curious if it were merely accidental. Whatever else is true, it is true that we are meeting, and in a practical way, the responsibility that we feel towards the people who support us."

This scheme will go a long way towards helping to solve the problem "How to provide skilled nursing for the family of moderate means."

The poem "The Nurse" will be read with keener appreciation by the nurses when they know that the late Dr. George F. Simpson, of North Adams, Mass., was ever a friend to the nurses and did much in his own city for undergraduates as well as graduates. His sincere appreciation of the nurse breathes through his poem. What reward is better than appreciation?

Heartily congratulations to Miss Ayres, the first Nurse President of the Royal Victorian Trained Nurses' Association, Australia. This Association is carrying on a most splendid work, having firmly established registration for nurses. Legal recognition must surely follow such clear demonstration of the benefits of registration. The Association is to be congratulated upon its selection of Miss Ayres as its President.

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Saint Barnabas

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Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

(Continued from November)

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

As may be imagined, the funeral ceremonies of all members of the Misericordia are conducted with great solemnity, and they are interred in a private burial-ground belonging to the Confraternity. The well-known cemetery of the Misericordia outside Porta Pinti had to be closed owing to lack of space in 1898, and the present one is situated at Soffiano, outside Porta S. Frediano. The strict observance of official rank, which forms such a feature of the company, is continued even in the grave, for part of the burial-grounds is set apart for Capi di Guardia only, and the style of monument that may be erected varies with the grade of the departed. It is the same with the funeral ceremonies. On the death of a Capo di Guardia a catafalque, covered with a purple pall bearing the arms of the Misericordia, is exposed for one day in the doorway of the Oratory, and the bell is tolled for three-quarters of an hour in the morning, and for half an hour in the evening. If the Capo di Guardia was an ecclesiastic, a "berretta" is placed on the pall; if a layman, the large black felt hat that forms part of the dress. In the evening the body is brought to the Oratory for the funeral service, accompanied by all the brethren, with eight torches, and it is afterwards taken out to the cemetery at Soffiano. All the ecclesiastics who are Capi di Guardia are bound each to say a mass for the soul of their departed comrade, while the laymen are enjoined to recite the seven Penitential Psalms.

(To be Continued)

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Kingston; Recording Secretary, Miss E. Ross Greene, Hospital for Incurables, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, Victoria Avenue, Eglinton; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss L. L. Rogers, 908 Bathurst Street, Toronto; Miss Jean C. Wardell, 171 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss Pringle, 23 Park Road, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 418 Sumach Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to the Canadian Nurse Editorial Board, Miss Jamieson.

The Executive held its regular meeting in the Graduate Nurses' Club Room, Canadian Foresters' Building, 22 College Street, on Wednesday, November 1. Eleven members were present. The Treasurer's report showed \$418.81 in bank. A great many members are in arrears for fees. The Treasurer would like to hear from all these as soon as possible.

The calendar is ready. The picture appears on another page. Orders may be sent to the President, 41 Rose Avenue, Toronto, and will receive prompt attention.

Registration is the question prominently before us now. The calendar is sold to raise funds for this work.

A copy of the New Zealand Act has been received. Registration there is under the Department of Hospitals and Charitable Aid. The nurse in charge of the work warns us not to put a definite standard in our Bill but allow power to change the standard as nursing education advances. This is the very thing we are trying to do. To put a hard and fast standard in our Bill would not be benefiting by the mistake of five years ago.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The regular meeting of the Association was held on November 7 at 8 p.m. Miss Phillips, the President, presided.

Miss Crosby, President of the Graduate Nurses' Association of Ontario, addressed the members on "Registration." There was a large audience and an interesting discussion on the subject followed the address. A standing vote of thanks was tendered Miss Crosby. Refreshments were served and a social half hour much enjoyed by all.

Miss Colley entertained at the tea hour on Tuesday, November 7, in honor of Miss Crosby.

Miss Reta Owens and Miss Nelson have gone to New York to take up private work.

Mrs. Dow is visiting in Saranac.

Thirty new members were received.

The list of lectures for the winter is complete and is most interesting.

My Scallop Shell of Quiet

A CHRISTMAS PRAYER

For Those Women Who Minister to the Needs of the Sick and Dying.

O Thou who dwellest beyond the stars, whose eternal laws are found in the petals of a flower and in the heart of man, we pray Thee for our patient ones who sacrifice themselves that others may live. Grant them strength and courage to fulfill their appointed task. Enshrine in their hearts Thy gracious love for Humanity, an anodyne for the anguish of sickness, a light through the Valley of the Shadow of Death.

Give to us all grace to cherish Thy priceless gift of sweet and gentle womanliness in whatever path Thou dost call us. Teach us loyalty to each other and to our Common Cause, that by united effort we may reach higher planes of thought and action.

Grant the happiness of that inner hidden meaning of Christmas Cheer to those shut in ones whose weary vigils through the long night keep them without the glow of the Yule Log fire. Bless those who strive that humble toil may have its fair reward; that little children may have the childish joy in their young lives unhampered by the cruel yoke of want and strife in the purlieus of trade. Grant the benison of a Christmas Hope in the hearts of these, Thy lesser ones, to thrill with visions of a coming day when Right shall rule.

Especially in this time, when the sweet influence of the Natal Day of Thine Anointed One appeals to us again, do Thou grant us Grace to open our hearts to serve our kind as He who taught in Galilee. By Mary, the Mother of the World's Hope, we beseech Thee, hear this our petition and grant that our lives may bear Thy message of Peace on Earth, Good Will toward Men.

E. C. P.



The summer and autumn are taken up with the inspection by the Chief Superintendent of existing branches of the Order, from the extreme east to the extreme west, and the organizing of new branches in the course of the tour. Every year more time is claimed for both. The Superintendent has been in the north and west since early August and will be until well into November. The wonderful extent, the beauty and the splendor of the west are impressed on one more and more each year.

The steady stream of settlers from all over the world pours in: cities spring up in a night, and the problems of the care of these thousands—not only their physical, but their mental and spiritual care—have to be met and solved.

The Victorian Order of Nurses has been in the field for some time and realized the needs of the people for nursing care and hygienic teaching. As we travel and talk with the people who know, it is most gratifying to hear their many words of praise for the nurses of the Order. Often it happens that away out on the prairies, when speaking to an interested little group collected from the country for miles around, the Superintendent finds that, in the audience, she has one who has been ministered to by one of the nurses away in the Maritime Provinces, and the clasp of the hand and the broken words speak eloquently of the fact that the need had been there and had been great, but had been met by our nurses. There is nothing equal to that!

Everywhere on the western tour encouraging growth and progress have been met. More nurses are always needed—nurses fully trained and tested for the work. The standards of the Order have always been high, and the west has always appreciated the best and objected to seconds.

This year many visits of organization have been paid. Requests for such have been pouring in all year. And as each little place is studied, with a view to helping build a hospital or establish a Lady Grey nurse, each takes on an individuality all its own, and claims our whole attention and interest for the time.

In last month's "Canadian Nurse" you read—we hope you all did—about little Islay in sunny Alberta, and we are sure you must have been thrilled by the valiant efforts made there by the people to have a little hospital for the village and its surrounding country, which would be their own especial care and pride. And there are many such, where a few enthusiastic souls fire their fellows and keep the spark aglow in spite of storms and poor crops. Enthusiasm

is such a tonic! And how the people do look for it in their nurses. There is no use for the blasée, censorious, uninspiring nurse in the West. So let her be advised and stay at home. But for the woman, strong, valiant, enthusiastic and filled with love of humanity, there are golden opportunities. Let our nurses consider this well. Like calls to like!

A post-graduate course in district nursing—four months—is given at one of the training centres of the order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

HOSPITALS AND NURSES.

The Toronto Western Hospital Alumnae Association held its first meeting for the season on October 5 at the Nurses' Residence. There was a good attendance. The question of raising private nurses' rates was discussed but was not approved. Plans for the winter's work were discussed. A social half hour was enjoyed at the close.

The second meeting was held on November 2 at the Nurses' Residence. Four new members were received. It was decided to give the graduating class complimentary membership for one year. Dr. Margaret McAlpine gave an address on "The Women's Institute in Canada, its Growth, Uses, etc." A complete history of the movement was given and Dr. McAlpine's address was thoroughly enjoyed by all present.

On Thursday, October 26, the Alumnae Association of the Toronto Western Hospital gave a kitchen shower at the home of Miss Cooper, 30 Brunswick Avenue to Miss Huck, who is to be married in November.

The Alumnae Association of the Guelph General Hospital Training School for Nurses appointed the following officers for 1911-12: Honorary President, Miss Reekie; President, Miss Janet Anderson; Vice-President, Miss Armstrong; Secretary, Miss M. Walker; Treasurer, Miss Millar; representative "The Canadian Nurse," Mrs. A. A. Anderson, 123 Cork Street.

The regular meeting was held on November 7 in the lecture room of the Nurses' Residence. After the disposal of routine business, a lecture, full of helpful suggestions, was delivered by Dr. C. C. Latham on "The Care of New-Born Babies." This lecture was most interesting and the Association is looking forward to having addresses from the different doctors during the winter months.

The Graduate Nurses' Association of Thunder Bay District held its regular meeting on November 2 with a good attendance. Two new members were received, making a membership of twenty-six. It was decided to seek affiliation with the Canadian National Association of Trained Nurses.

Miss MacDonald, of Fort William, will spend the winter in Parry Sound.

Miss Annie Bradley, graduate of Jeffrey Hall Hospital, Quebec, has

returned from a two months' trip to Vancouver and Victoria, B. C., and Portland, Oregon, and will resume practice in Fort William, Ont.

Mrs. Harvey, Secretary Graduate Nurses' Association of Thunder Bay District, enjoyed a trip to the coast this summer. The pleasures of such a trip are not easily described.

The annual graduating exercises of the Training School for Nurses at the General Hospital, Guelph, were held at the Nurses' Home on Friday evening, November 3, and proved a most delightful affair. The ceremony of presenting the graduates with their badges and diplomas was a simple yet impressive one, and the entire proceedings were most interesting.

Mr. A. W. Alexander, President of the Board of Directors of the General Hospital, presided. The room was beautifully decorated, the platform being draped with the Red Cross, Canadian flag and the Union Jack, and banked with palms and flowers. The nurses were the recipients of many beautiful floral gifts and wore American Beauty roses, the gift of Mr. Alexander.

The musical programme was most enjoyable. Thain's orchestra gave excellent selections during the evening. Vocal solos were contributed by Mrs. Moore and Messrs. W. Simpson and W. G. Howell; instrumental by Miss Greta Crowe, Mr. C. R. Crowe and Master Douglas Crowe, with piano, 'cello and violin; instrumental duet, mandolin and piano, Misses Laurine and Gladys Pequegnat, and piccolo solo by Mr. Alex. Rundle. Mr. Martin made a very efficient accompanist.

Ven. Archdeacon Davidson made a short address to the Graduates, in which he pointed out the great influence of the nurses over their patients and the noble work they were undertaking.

The Florence Nightingale "Hippocratic" oath was then administered by Dr. Henry Howitt, who, after the nurses had subscribed to the oath, pinned on the hospital badges of red and white. Dr. Angus MacKinnon then presented the graduates with their diplomas.

The members of the graduating class for 1911, who received their diplomas, were: Miss L. Reba Galloway, Burlington; Miss Louise M. Hopkins, Toronto; Miss Katherine T. Holmes, Nassagaweya; Miss Nancy M. Irvine, Brampton; Miss Christina Gordon, Winterbourne; Miss Ida Wilson, Durham, and Miss Gertrude R. Clendenning, Stouffville.

Light refreshments were then served to the many guests, following which the nurses held an informal dance, Thain's orchestra supplying the music.

Miss Gardiner, graduate of Brandon General Hospital, is now on the staff of the City Hospital, Saskatoon, Sask.

Misses Knowlton and Stone, of Brandon, are now in Vancouver, where they are engaged in private nursing.

Miss H. A. Eamer, who took the short course in domestic science in the Macdonald Institute, Guelph, during the past summer, has resumed private nursing in Brandon.

Miss Jessie Fenton (B. G. H.) has returned to Brandon after a four months' visit to her home in Ireland.

IN 1898

The London Lancet, after a careful examination of
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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

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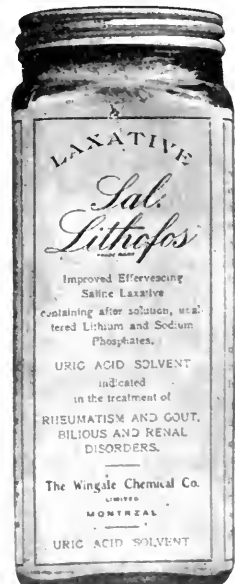
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Miss K. Brennan and Miss Olive Brennan, who has had charge of the operating room in St. Joseph's Hospital, Chatham, have gone to Colorado Springs to take hospital positions. They are graduates of St. Michael's Hospital, Toronto.

Misses Isobel M. MacIntosh, Irene Elliott, Madeline Hunt and Carrie Dow, graduates of Hamilton City Hospital, have gone to the Women's Hospital, New York, for a post-graduate course.

On Friday, October 29, at 3 p.m. the Florence Nightingale Association held the first meeting of the season at the rooms of the Toronto Graduate Nurses' Club, Foresters' Building, College Street. The plan of work for the coming year was discussed, also the raising of the nurses' rates. Miss Margaret Urquhart was appointed to the Registry Committee. Miss Margaret Hunter and Miss Van Every were appointed to the Executive Committee in place of Miss Griffith and Miss Kinder who retired. Miss Hoyt will act during Mrs. Valentine's absence. The next meeting will be held in December.

During the past few months the building for contagious diseases, Victoria Public Hospital, Fredericton, N. B., has been renovated. Three new rooms and a ward were opened for scarlet fever cases. A new heating system and telephones have been installed. We have a very complete contagious hospital.

Miss Madeline Spencer, who graduated from Victoria Hospital one year ago, has since taken post-graduate work in Toronto in the Victorian Order and is now in charge of that work in London, Ontario.

Miss Annie Graham, who graduated from Victoria Public Hospital, Fredericton, N. B., in August, 1911, has taken a position in the Memorial Hospital, Pawtucket, Rhode Island.

Miss Laura Reid, who graduated from Victoria Public Hospital on November 17, will go to Oregon, U. S. A., to practice her profession.

The King's Daughters of Fredericton, N. B., have engaged a nurse to do district work amongst the poor and needy of the city. The nurses-in-training will be given a month's experience in that work.

Miss Agnes Fitzgerald, graduate of St. Michael's Hospital, has gone to Denver, Colo., for the winter months.

The first Graduation Exercises in connection with the training school of the General Hospital, Sault Ste. Marie, took place on Friday evening, November 3. The interesting function was held in the medical ward on the second floor, which had been transformed into a spacious hall and was tastefully decorated for the event.

The programme consisted of orchestra selections, a solo by Mrs. Starkey, the presentation of diplomas to the graduates, and of a gold medal to the graduate obtaining the highest marks, and addresses by Drs. Gibson, McCaig, Fleming and Rev. J. J. Connolly.

Dr. Gibson presided, and opened the proceedings with a short address in which he reviewed the history of the General Hospital and told of the difficulties under which the medical men of the town labored before its establishment.

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Dr. McCaig gave an address brimful of the best advice to the graduates and appropriate to the occasion.

Rev. Father Connolly in a felicitous little speech praised the work of the hospital and spoke in high terms of the merit of Canadian girls as nurses.

Added pleasure was given the event by the presence of Rev. Mother Duhamel, and Sister St. Cyprian, both of whom journeyed to the Soo to be present at the exercises.

The diplomas were presented by Dr. Gibson. The graduates were also given badges, which were pinned on by the Mother Superior.

The graduates are: Miss Ivy Reynolds, Sault Ste. Marie; Miss Armene Brabant, Algonquin, Mich.; Miss Mildred Kehoe, Wyman, Que.; Miss M. Watters, Jockvale, Ont.; Miss Jean Scott, Webbwood; Miss Loretto Contway, Pembroke.

Through the generosity of Mr. John O'Boyle a gold medal was awarded for general proficiency. Miss Brabant, who received this, had obtained exceptionally high marks in her examinations. Amid tumultuous applause the medal, suitably engraved, was pinned on by Mrs. O'Boyle. Dr. Fleming said a few words on behalf of the nurses by way of reply to the many felicitous words that had been spoken in their regard.

Subsequently the guests and friends of the nurses were entertained in the nurses' dining-room, where refreshments were served.

Mrs. Mill Pellatt has resigned her position as Treasurer of the Toronto General Hospital Alumnae Association. Mrs. E. M. Feeney, 39 Grove Avenue, has been appointed to the position.

Miss H. B. Fralick, graduate of Toronto General Hospital, class '97, now residing in Vancouver, B. C., spent a few days in Toronto in October. Her many friends were delighted to see her and learn of her success in the profession in the West.

Miss Buckels is in charge of the Lady Minto Hospital at Melfort, Sask.

Miss Ritchie succeeds Miss Aikman, who has resigned as Matron, of the Swan River Hospital, Manitoba.

Miss Sharp has been appointed V. O. N. nurse at Grand Mere, Que.; Miss Sale at Sherbrooke, Que., and Miss Bertrand goes to St. John's, Que., to open the district there in November.

Miss Smith has been appointed nurse-in-charge of the anti-tuberculosis work in St. John, N. B.

Miss Trusler, who has been in charge at Grand Mere, Que., is taking a rest before accepting another post.

Miss Cuntz is in charge of the Shoal Lake, Manitoba, Hospital.

Miss McCutcheon takes charge of the Winnipeg district, November 1.

Under the auspices of the Graduate Nurses' Association of Berlin and Waterloo, Dr. F. J. Housburger, Dominion Representative of the International Congress of "Hygiene and Sanitation" held at Dresden, Germany, this past year, gave a very interesting and instructive talk on the subject. A large and appreciative audience greeted Dr. Housburger.

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HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's
College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahneemann and Rush Med.
Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D.
(Grad. Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute.)

MAX J. WALTER (Univ. of Penna., Royal Univ-
Breslau, Germany, and Lecturer to St. Jos-
eph's, St. Mary's, Mount Sinai and W. Phila-
Hospital for Women, Cooper Hospital, etc.)
Philadelphia General Hospital (Blockley).

HELENE BONDORFF (Gymnastic Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL (Pennsylvania Orthopædic
Institute.)

EDITH W. KNIGHT }
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STOMATITIS

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Miss Fannie McMillan, class '04, R. V. H., who has been doing private nursing in New York, is now in Calgary as head nurse in one of the surgical wards in the General Hospital there.

Miss Ponton, class '10, one of the assistants in the operating room of the Royal Victoria Hospital, was operated on for appendicitis on October 15 and is making a good recovery.

In September Miss Beatty, class '05, R. V. H., was married to Mr. George Slater, of Edmonton. Early in October Miss Regan, class '07, R. V. H., was married to Dr. Barrett, of Vancouver, and on October 20 Miss Tate, class '10, R. V. H., was married to Dr. Wilson, of Edmonton. The good wishes of their friends in the Alumnae Association follow them to their new homes.

The annual meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, was held on Wednesday evening, October 11. There was a large attendance of members. The former officers were unanimously elected to fill the same positions for the coming year. It was decided to have the meetings for the winter season as much as possible in the nature of entertainment, and some of the doctors have kindly consented to give papers on subjects other than medical.

Miss Craig, class '08, R. V. H., who has been in charge of the private floor in the Presbyterian Hospital, Chicago, has gone to take a position in the General Hospital, Edmonton, Alta. Miss Truesdale, class '10, has been appointed night superintendent in the same hospital.

Fort William has taken steps to have a district nurse to do visiting nursing among those citizens who are unable to have the services of a nurse in times of illness. The appointment of a nurse trained in the city was approved. Though no action was taken by Port Arthur, many of its citizens feel that a similar step should be taken to ensure skilled nursing for many who will otherwise have very indifferent care in serious illness.

Technical knowledge and scientific training, which are most important, must not cause a nurse to lose sight in any way of the human touch at all times needed in her work. This advice was given to the graduating class of the Hospital for Sick Children last night by Miss Charlotte A. Aitkens, of Detroit, well known to the nursing profession as an editor and author of valuable books on nursing and hospital work. Mr. J. Ross Robertson was in the chair, and gave a most convincing report of the year's work at the training school.

Miss Brent, the Superintendent, administered the Hippocratic Oath and presented the diplomas and medals to the graduates: Spring class—Ethel Brewer, St. Catharines; Nora Moore, Victoria Crown, Jessie Woods and Marjory Gardiner, Toronto; Mabel Winter, Demarara, B. G.; Hattie Fraser, London; Catherine Andrews, Beamsville. Fall class—Zaida Keefer and Gladys Cameron, Toronto; Margaret Wood, Langbank; Brenda Chillas, Montreal.

The scholarships were presented by Mayor Geary as follows: Ethel Brewer, St. Catharines, spring graduating class, received the senior scholarship of \$50; Bessie Mitchell, Toronto, a member of the fall class, the intermediate scholarship of \$30; Caroline Strang, Toronto, a member of the spring class, the inter-

"a remedy of merit deserves and usually receives consideration, esteem and reward.

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That is our reward. This confidence in Antiphlogistine is daily augmented because of its uniformly good results if applied thick and hot and well protected wherever and whenever inflammation is evident."

mediate scholarship of \$30; Isabel Rendell, Montreal, the junior scholarship of \$20.

The prizes were presented by Dr. C. K. Clarke as follows: Dorothy Farncomb, Toronto, prize in the senior class; Pearl Austin, Fenelon Falls, prize in intermediate class; Olive Campbell, Belleville, prize in junior class.

The following nurses at present in the school received honorable mention: Mildred R. Wood, Smith's Falls; Hazel Franks and Hilda Hersey, Toronto; Mabel G. Vickery, Port Perry; Ruth Sture, Port Arthur; Jessie Wilson, Wingham; Mabel Partridge, Barrie.

The exercises were followed by an informal reception at the Residence, a dance and refreshments closing the entertainment.—*The Telegram*.

Nurses may be interested to know that they can obtain delicacies for the sick—broths, jellies, custards, etc.—from Miss Sutton, 72 Isabella Street, Toronto. Miss Sutton is desirous of supplying "What you want," and will be glad to have you call and see her.

The Queen Victoria Jubilee Institute of Nurses has been honored by the late Miss Harriet Hughes, who bequeathed her beautiful house and grounds in Bangor as a "Home of Rest" for Queen's Nurses, also an endowment fund toward its support. This munificent gift—"Bryn-y-Menai"—will be much appreciated by Queen's Nurses, whose arduous work makes the word "Rest" sound very sweet. The charge to Queen's Nurses for residence at Bryn-y-Menai has been provisionally fixed at 12/6 per week. You may read about this royal gift in the Queen's Nurses' Magazine for October.

The Nurses' Missionary League was formed in 1903 for the special purpose of bringing before all members of the nursing profession the importance of the missionary enterprise and the great opportunity which medical work affords for the extension of the Kingdom of God. Its distinctive aim is to emphasize the truth that the missionary spirit in its widest sense is essential to the full development of the Christian life. Its basis of appeal is that of service, and it seeks to arouse interest and to secure offers of personal service for the foreign mission field, and also to help those nurses who are not able to go abroad to dedicate their lives and training to the advancement of Christ's Kingdom in the homeland.

The Nurses' Missionary League has now been in existence for seven years, and a glance over its history shows some interesting facts. In the Annual Report published in April, 1905, there was given for the first time a list of nurses working in the mission field. It included 137 names. The list which we publish this year includes 268, showing that the numbers have almost doubled in five years. This fact is significant of the ever-growing importance attached to the nursing side of medical mission work. The standard of nursing in mission hospitals is also being steadily raised. Letters telling of vacant posts constantly state that the applicants must be fully trained, and, if possible, possess a knowledge of midwifery and dispensing. The day is now past when a few months' training was considered sufficient, and it is now realized that the very best and fullest professional training is needed for nursing work in the foreign field.—*Nurses' Missionary League Report, 1910*.



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TO MAKE AN EGG JELLY.

Two eggs, six ounces of loaf sugar, half an ounce of gelatine, one pint of water, the rind of two lemons. Weigh the gelatine and put it in a jelly pan. Add to it half the water. Peel the lemons thinly and squeeze and strain the juice. Make up to half a pint with the remaining water and add to that already in the pan. Add the sugar and beat and add the eggs. Stir with whisk or wooden spoon until the gelatine is melted; then strain, put into a mould and stand in a cool place. The jelly must be stirred all the time until the gelatine is melted.—The Nursing Journal of India.

Vinegar Cake.—Mix together three-quarters of a pound of flour with quarter of a pound of butter till it is as fine as grated breadcrumbs. Add a teaspoonful of bicarbonate of soda, a quarter of a pound of powdered sugar, and half a pound of currants. When these are well mixed, pour in three tablespoonfuls of vinegar and half a pint of milk. If this recipe is followed exactly, a most desirable result will be obtained; there is no unpleasant taste of vinegar, and at a season when eggs are scarce this cake will prove a boon and a blessing to harassed women.

Milk Toast.—Brown and butter some toast, and set it aside to keep hot while you stir smoothly over the fire one tablespoonful each of flour and butter, and one-quarter teaspoonful of salt to each cup of milk. Cook to a smooth, slightly thickened cream. Steep the slices of toast long enough in the liquid to soften them, before serving.—The Nursing Journal of India.

Queen Alexandra's Imperial Military Nursing Service.

War Office, London, S. W., October 17, 1911.

The following ladies have received appointments as Staff Nurse: Miss D. L. Cooper, Miss B. E. Smith, Miss E. W. Bond, Miss M. Nicholson.

Transfers to Stations Abroad.**SISTERS.**

Miss N. Blew, to Hong Kong, from Tidworth.

Miss D. J. Saunder, to Malta, from Woolwich.

STAFF NURSES.

Miss M. E. Smith, to Hong Kong, from Woolwich.

E. H. BECHER,
Matron-in-Chief, Q.A.I.M.N.S.

ANNOUNCEMENT.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., wishes to announce the opening of the second section of the fall classes on November 15, 1911. Applicants for this class are requested to report at 10 a.m. on this day for registration. If you have not sent in your application, kindly do so at once. If you are interested in our line of work, write for particulars and illustrated prospectus. The latest issue of the Philadelphia Journal of Physiological Therapeutics is just off the press; if you like to have a copy, ask for it.

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MARRIAGES.

WESTON—HUNT—At Trinity Methodist Church, Port Arthur, Ont., on November 1, by the Rev. M. Churchill, Mr. E. Weston to Miss Lillian Hunt.

Miss Hunt is a graduate of St. Joseph's Hospital, London, Ont., class '07.

McGUIRE—MacNEVIN—At Our Lady of Lourdes Church, Sherbourne Street, Toronto, on October 24, Miss Anna MacNevin to Mr. Wm. H. McGuire, barrister.

Miss MacNevin is a graduate of St. Michael's Hospital, Toronto, class '04, and the Alumnae Association, of which she has been Treasurer for some time, presented her with a very pretty tea table. Mr. and Mrs. McGuire will reside in the Nanton Apartments, Rosedale.

WOODHALL—TOUCHBOURNE—On September 20, at St. John's Church, Cowan, Ont., by the Rev. Canon Allan, Elva Eloise Touchbourne to Dr. Frank Woodhall, Binbrook, Ont.

Miss Touchbourne is a graduate of Hamilton City Hospital, class '09.

BRIGGS—GLASS—In Hamilton, on November 9, by Rev. E. A. Mitchell, Edith Glass to Charles Henry Briggs.

Miss Glass is a graduate of Hamilton City Hospital, class '09.

BIRTHS.

LEMON—In Lethbridge, Alta., on November 1, to Mr. and Mrs. Harry Lemon, a son.

Mrs. Lemon (née Hanham) is a graduate of Hamilton City Hospital, class '08.

KILGOUR—In Brandon, Man., on June 19, to Mr. and Mrs. J. W. Kilgour, a son.

Mrs. Kilgour (née Currie) is a graduate of Hamilton City Hospital.

DEATH.

FAWNS—At the Cottage Hospital on Saturday, October 14, 1911, Grace Isabel Younger, beloved wife of Dr. Sidney Fawns, 1209 College Street, Toronto.

Mrs. Fawns (nee Younger) was a graduate of Toronto General Hospital and much beloved by her sister nurses, who extend sincere sympathy to the bereaved husband, mother, sisters and brother.

Appointments, Promotions and Retirements, Canadian Militia, 1911.

Headquarters, Ottawa, September 26, 1911.

Nursing Sister Miss Ruth E. Pentland is retired. September 15, 1911.

Leave of absence has been granted:

Nursing Sister M. M. Pugh, C.A.M.C., for three months from the 11th inst.

Nursing Sister L. E. Eaton, P.A.M.C., from the 9th to 13th inst., inclusive.

Nursing Sister A. C. Strong, P.A.M.C., from the 1st July to 1st August, 1911.

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PUBLISHER'S PAGE

INFANTILE PARALYSIS TRANSMISSION INVESTIGATED BY PHYSICIANS.

Dr. Marcus Neusteadter read an interesting paper before the neurological division of the Academy of Medicine, in which he explains a series of experiments in conjunction with Dr. William Thro, of the Cornell Medical College, for the purpose of determining the manner of the spread of infantile paralysis.

As a basis for his experiments, which were made on six monkeys, Dr. Neusteadter adopted the hypothesis that infantile paralysis, like so many other dangerous affections, is a dust disease, contracted by children coming in contact with or breathing in the dust of any room infected with paralytic germs. During March Dr. Neusteadter and Dr. Thro collected the sweepings from rooms in which there were nineteen different cases of infantile paralysis of from three to six months standing. These collections of dust were taken from the walls, floors and wooden trimmings of the different rooms, and were then dried, sifted, macerated and dissolved in a normal salt solution. The resulting solution was injected into the brains of six monkeys. Five showed prominent symptoms of paresis, in some cases paralysis being complete. The physicians present agreed that the monkeys were undoubtedly paralytic and that an important chapter had been added to the medical knowledge of the disease.

In the light of recent scientific research the dangers of dust as an ever-ready vehicle for the spreading of disease germs are attracting more and more attention among medical men everywhere. In this connection the value of Standard Floor Dressing as a dust preventive is receiving wide recognition. Standard Floor Dressing is a mineral preparation notably effective in catching all dust the instant it settles on the floor and holding it there until it is swept away.

CHILD WELFARE.

Every nurse is interested in this subject and has seen, or read of, exhibitions more or less elaborate that have been held all over the country. Each nurse wants to apply some of the suggestions and methods as best suit her individual cases. The city, town and country nurse all find varying circumstances which her training and ingenuity have to meet, independent of medical supervision. Usually the welfare of the child has to begin with the parents, and as Dr. Holmes once said, should begin a century before a child is born.

One welfare need is common to all children everywhere—adequate and assimilable food. Usually, when a nurse's services come into play, something besides regular diet is required to get the digestive tract in working order and at the same time thoroughly nourish the hungry tissues. This combination of needs is perfectly met by Scott's Emulsion and this absolutely pure food remedy is no tax on the weakest infantile stomach. Thousands of babies have eagerly taken drop doses of the emulsion when no other food is retained. It was marvelous to see the benefits resulting from its use last summer in congested city sections.

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CONTENTS OF VOLUME VII

	PAGE
Class Organization in St. Luke's Hospital, New York.....	84
Clean Milk for Babies. M. G. Hanna..	347
Constitution and By-laws, Canadian National Association of Trained Nurses.	406
Dietetics. Mary A. Catton.....	103
Diet in Typhoid. Mary A. Catton ...	450
Florence Nightingale	207
Hospital Deficits. C. A. Aikens.....	208
History of the Lady Stanley Institute, Ottawa. Mary A. Catton.....	214
Hospital Accounting. T. W. Kenny...	320
Indian Work. Anna A. Hawley.....	312
Infant Feeding. Mary N. Oxford....	495
Nova Scotia Graduate Nurses' Association	226
Ottawa Graduate Nurses' Association..	410
Obituary	14
Personality. Ida M. Carr.....	4
Polioomyelites	51
Registration for Nurses. Ethel Morrison	6
Registration	10
Royal Columbian Hospital, New Westminster, B.C.....	57
Registration for Nurses. Rene Norcross	155
Report of the Fifth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses.	261
Registration	350
Report of International Council of Nurses	400
St. John's Ambulance Association.....	18
Schools of Nursing and the State. Annie W. Goodrich, R.N.....	269
Social Service. Winnifred M. Forsyth	295
School Nursing in Regina. Jean E. Browne.....	445
The White-capped Nurse. Jean Blewett	4
The Possibilities for Advancement in the Education of Canadian Nurses. M. A. Gibson.....	9
The Lady Stanley Institute "Court of Honor"	54
The Calendar. Lucy B. Pellatt.....	59
The Everlasting Examination.....	60
The Lady of the Lamp.....	62
The Graduate Nurses' Association of Ontario Proposed Bill. M. H. Ludwig, L.L.B., K.C.....	112
The Iodine Method of Sterilization...	186
The Spiritual Side of Nursing.....	212

	PAGE
The Nursing Masque.....	219
The Making of an Ideal Nursing Journal. Mary A. Catton.....	277
The Training School Curriculum. F. Madeline Shaw, R.N.....	300
Tuberculosis: Our Attitude Towards its Prevention and Cure. Mrs. Fournier	280
The Eighth Annual Meeting of the Graduate Nurses' Association of Ontario	335
The Army Nurse. A. Hayhurst.....	361
The Institutional Nurse.....	367
"The Canadian Nurse." M. E. Christie	370
The Private Nurse. E. Maysie Ross...	578
The Triennial Meeting of the Canadian Nat. Association of Trained Nurses..	395
Tribute for Splendid Services Rendered	409
The Sixth Annual Report of the Toronto Central Registry of Graduate Nurses. M. Ewing	419
The Boston Convention.....	452
The International Council of Nurses...	454
The Faith that Heals. E. B. Osler...	497
The Council of Women: its Aims and Objects. Mrs. E. Yarker.....	502
The "Shall Be" Nurse. Mary A. Catton	606
The Nurse. George F. Simpson, M.D..	609
West Central Africa. Margaret Melville	310
Welfare Work	345, 346
Addresses:	
H. Meek, M.D., London, Ont.....	1
M. H. Ludwig, L.L.B., K.C.....	112
Dr. Fiseher, London, Ont.....	601
The School Nurse.....	62, 110, 164, 221, 410, 459, 505, 611
Editorial	16, 64, 116, 168, 224, 458, 508, 614
The Victorian Order of Nurses..	20, 73, 125, 177, 233, 285, 359, 417, 465, 514, 624
The Guild of St. Barnabas.....	23, 71, 123, 175, 231, 284, 358, 415, 463, 510, 620
My Scallop Shell of Quiet.....	24, 70, 122, 174, 230, 467, 513, 623
Canadian Nurses' Association.....	22, 74, 126, 178, 234, 287, 360, 418, 466, 512, 622
Graduate Nurses' Ass'n. of Ontario....	21, 72, 124, 176, 232, 416, 464, 511, 621
Hospitals and Nurses.....	27, 75, 127, 179, 235, 421, 468, 519, 625
Correspondence.....	66, 194, 456, 526, 610
The Nurses' Library..	40, 88, 192, 246, 534



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